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THE PRACTICE OF VETERINARY MEDICINE.



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THE PRACTICE  
OF  
VETERINARY MEDICINE  
AND  
SURGERY.

BY  
EDWARD COURTENAY.



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## PREFACE.

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IN offering this volume to the consideration of members of the Veterinary Profession, as well as to Students and others who are interested in the study and advancement of the Veterinary Science, I feel it will suffice to say that I have endeavoured to the best of my ability to render the matter contained in the following pages of as great *practical* value as possible—to present in the most plain and concise manner the nature, causes, symptoms, and treatment of each disease in the form in which it most frequently occurs. I have also endeavoured to briefly describe the various conditions requiring surgical interference, as well as to point out the surgical operations required to be performed in such cases—the proper methods of operating and the indications, favourable or otherwise, to the performance of such operations.

I have closely adhered to the teachings of one of the most eminently practical veterinarians and thorough gentlemen whom it has ever been my good fortune to meet—Professor A. Smith, Principal of the Ontario Veterinary College. But in the few cases in which experience and

recent revelations of science have led me to conclusions different to those arrived at by my former teacher, I have not hesitated to depart from those teachings.

We are now passing through one of the most remarkable epochs in the history of medical science and research. New and startling discoveries are constantly being made—not only regarding the origin and nature of diseases which have for ages baffled every effort of their investigators, but also as regards their cure in some cases, and prophylaxis in other cases, matters which, until very recently, were by many regarded as impossible to effect. Notably among recent important discoveries is that of M. Pasteur, the celebrated French scientist, in regard to that most dreadful of all diseases, 'rabies.' M. Pasteur has very recently announced to the world that he has succeeded in discovering and perfecting a method of inoculation with attenuated rabic virus, by means of which the occurrence of rabies can be prevented after the infliction of the bite. It is stated that the efficacy of the treatment has been tested in hundreds of cases without a single failure being recorded, except in such cases as did not undergo treatment until too great a time had elapsed after the reception of the bite for any treatment to be of avail. If this announcement of M. Pasteur's be true—and there seems every probability of it being so—the bite of a rabid dog, instead of being regarded as an occurrence of such dreadful import, will give rise to no alarm other than such as might be occasioned by the infliction of an ordinary wound, in which case M. Pasteur may be considered to have conferred upon the human race

the greatest boon it has ever received at the hands of any man, and at the same time earned for himself undying fame, which will justly become greater as his name goes down to posterity for centuries to come.

The field of scientific research in regard to disease may be viewed as one of almost boundless scope; and even in this enlightened age we may number, by scores, diseases which are not thoroughly understood. Particularly humiliating is the fact that 'glanders,' that most surely fatal of all diseases to which horse-flesh is heir, although known and treated for thousands of years, still remains in the category of 'incurable diseases.' In pleasing contrast, reference may be made to 'actinomykosis,' recently discovered and described by Dr. Fleming, the distinguished President of the Royal College of Veterinary Surgeons; and a number of other diseases which a few years ago were considered as incurable, but which are now known to readily succumb to treatment if of the proper kind and not too long delayed.

In conclusion, I wish to express a hope that this work may be favourably received by all into whose hands it may find its way, and more particularly by my fellow-votaries of the science which I admire and love above all others.

E. C.

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# THE PRACTICE OF VETERINARY MEDICINE AND SURGERY.

## INTRODUCTORY.

FROM the earliest ages, animals as well as men have been treated for disease according to a mode more or less systematic.

We are told that the Egyptians were the first to understand the management of the horse; the Greeks obtained their knowledge of the horse from the Egyptians. Xenophon, Herodotus, Vegetius, etc., are all familiar names, Vegetius having been styled the 'Veterinary Hippocrates.'

The name 'veterinarian' is a very old one, and is a modification of the Latin word 'veterinarius.'

The early history of the veterinary art presents little worthy of notice; for hundreds of years the art languished, and very little progress was made.

During the sixteenth century the first decisive step in an upward direction was taken: the works of Vegetius, as well as many more which had long lain neglected and almost forgotten, were translated into the various European languages, and eagerly read by an appreciative people. In

the year 1616 a work was published in Venice with many plates, showing that the structure of the horse was pretty well understood. France took the initiative step in the advancement of the veterinary art, being the first nation to accord to the profession its proper status, as well as the first nation to found a veterinary school, the Lyons Veterinary College being founded in 1762; the present Principal being Mons. A. Chauveau, whose name is a household word familiar to, and respected by, every veterinarian throughout the world. Four years later, in the year 1766, the Veterinary College at Alfort was opened. Both institutions have become very famous, and justly so, on account of the excellence and thoroughness of their teachings, and the additions to scientific knowledge given to the world thereby. The veterinary art had by this time emerged from the darkness and disadvantages which had for centuries threatened its extinction, was recognised and supported by the Government and the people, and stepping into its proper place, became recognised as one amongst the sciences. The people became fully conscious of the fact that the health and wealth of the nation very largely depended upon the character and proper observance of the teachings and theories promulgated by the veterinary colleges. From this time onward the rise and progress of the art was assured and steady; until at the present time it is recognised as one of the foremost and most important professions in all parts of the civilized world. In Britain, the art was longer buried in ignorance than in the other European countries; from time to time works of more or less excellence were published, which were received with varying degrees of favour.

During the reign of Queen Elizabeth, Blundeville translated some foreign works into English; these were followed by the writings of many others, the most notable of which

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were, perhaps, those of William Gibson, published during the last century. Among the more recent writers who deserve more than ordinary notice may be mentioned Blaine, Coleman, White, Youatt, Percivall, Gamgee, etc.; Williams, Fleming, Dun, Robertson, Hill, etc., are some of the most prominent English authors of the present day. As agriculture, etc., advanced, the people became anxious to educate veterinarians on scientific principles. The first attempt made by St. Bel to establish a veterinary college in England was a failure; he returned to France, but finally succeeded in founding a college in London. He died shortly afterwards, and was succeeded as Principal of the college by Blaine. There are two colleges in Edinburgh and one in Glasgow. Professor William Dick, of Edinburgh, founder of Dick's Royal Veterinary College, Edinburgh, died in the year 1866; his sister died in July of the year 1883. On October 24th, 1883, a statue of Professor Dick was unveiled at Edinburgh. Professor Dick and his sister left a large portion of their possessions for the advancement of the veterinary profession.

The United States census for January, 1883, gave the number of domestic animals as follows: Horses, 10,000,000; cattle, 40,000,000; sheep, 35,000,000; swine, 34,000,000; a total of 119,000,000 animals, representing a money value of about two and a quarter billions of dollars. When this vast interest is taken into consideration, and while considerable progress has been made, it remains a matter of surprise that still greater strides have not been made in the advancement of veterinary knowledge on the American continent. Comparatively speaking, it may be said that the practice of veterinary medicine and surgery is in its infancy throughout Canada and the United States. A quarter of a century ago there was scarcely a city or town on the American continent that would give adequate

support to a veterinary surgeon. Such a state of things cannot now be said to exist, as the people have been gradually learning to understand and appreciate the necessity for qualified practitioners, of whom, while not so numerous as in the older countries, there is at least no scarcity.

Several veterinary schools and colleges have at various times been founded in the United States and Canada; of these the American Veterinary College, New York City, Professor Liautard, Principal; the Montreal Veterinary College, Professor M'Eachran, Principal; and the Ontario Veterinary College, Toronto, of which Professor Smith is Principal, have been the most successful; the course of study, subjects taught, etc., being about the same as in the English and Scotch colleges.

In the United States no protective measures have as yet been taken by the Government as regards the passage of laws favourable to the veterinary profession; in Canada the profession, being protected by proper legislation, stands upon a firm foundation, and is safe from quackish opposition, a recent law of Ontario making it an unlawful act for any person to assume the title of veterinary surgeon, or any abbreviation thereof, unless possessing a diploma of some recognised veterinary college, certifying that the holder thereof has passed the required examinations satisfactorily, and is competent to practise as a veterinary surgeon. In Great Britain it is only during the last few years that a similar Act has been in force.

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## CHAPTER I.

### Diseases of the Respiratory System.

#### SIMPLE CATARRH.

THE horse is more liable to, and suffers oftener from, diseases of the organs of respiration than any other class of animal. I believe he is even more susceptible to respiratory troubles than man himself. The question may be asked, Why is this so? The answer is as follows: The horse, owing to the extraordinary development of the velum pendulum palati, breathes only through the nostrils, the inspired air subsequently passing through the nasal chambers, which are of large size and lined throughout their extent by the Schneiderian or pituitary membrane, consequently a very large surface of mucous membrane is exposed to the various atmospheric influences which tend to produce disease.

One of the most common diseases of this system is catarrh (simple) or coryza, etc.

*Definition.*—Simple catarrh may be defined to be an irritation of the mucous membrane lining the nasal chambers.

*Causes.*—Sudden changes of temperature, extremes of heat and cold, exposure to cold and dampness (and more especially if the system be debilitated), badly ventilated stables, impure air, etc. If the irritation is kept up, or the animal neglected, the inflammation is likely to extend to the throat, setting up laryngitis, or to the bronchial tubes, causing bronchitis, etc., or the whole of the mucous membrane of the respiratory system may become involved in a general inflammation. The disease is most frequently observed in young horses.

*Symptoms.*—Probably the first symptom noticed is that the animal is duller than usual, coat slightly staring, dry,

and dusty-looking. Anorexia is usually observable, as is redness and dryness of the Schneiderian membrane. The circulation is affected considerably in some cases, very slightly in others. Usually about this stage the animal has a slight cough, which is easily excited by pressure over the region of the larynx; but we may have a well-marked case of simple catarrh without a cough. The discharge is from both nostrils in a large majority of cases; it is at first of a serous character, thin and watery; soon, however, becoming thicker and more abundant, and yellowish-white in appearance. There is often a discharge of tears, which may or may not be abundant. Respiration is not interfered with except in certain rare cases.

Simple catarrh undoubtedly constitutes a far more serious affection in the horse than it does in man. If an animal suffering with catarrh be put to work, the probabilities are that he will come in suffering from congestion of the lungs, and die in from fifteen to twenty hours. Simple catarrh usually runs a favourable course in from six to ten days.

*Treatment* is very simple, and usually satisfactory if adopted in time. Pure air is absolutely indispensable in the treatment of all affections of the respiratory system, therefore the animal should be placed in a dry and well-ventilated loose-box; the body should be clothed judiciously, according to the season, flannel bandages should be placed upon the legs, and the diet should be tempting to the appetite, of a moderate quantity, and of an easily digestible and nourishing character. Mild diffusible stimulants and febrifuges are the medicinal agents indicated in the treatment of simple catarrh. An excellent draught is as follows: Spts. æth. nitrici, ʒi.—ʒii.; potassæ nitr., ʒii.—ʒiii.; aquæ, O.i., to be given once or twice a day; if necessary, continue its administration for three or four days. Sometimes the required effect will be produced by the administra-

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tion of one or two doses. The use of the æth. nit. should cease when the pulse becomes fuller, and the potassæ nitr. may be persevered with. It is said that a pretty powerful opiate, as opii tr., ʒi.—ʒii., combined with potassium nitrate ʒi., aqua q. s., will often succeed in arresting the course of the disease, if administered at an early stage; but the above should never be given in any case where the disease is well developed.

Inhalations of steam are highly beneficial, relaxing the mucous membrane and relieving the nasal irritation. A close nose-bag should never be used, as the horse, breathing only through his nostrils, would have his life endangered, unless able to get a certain amount of pure air with the steam. If the cough be troublesome, or shows a tendency to become chronic, a stimulating liniment, as the ammoniacal liniment, or a mild blister, may be applied; and a bolus, composed of equal parts of belladonna ext., camphoræ, and ipecacuanha, may be given once a day until relieved. In this, as in all other respiratory affections, purgatives are totally inadmissible. Should constipation be present, as it usually is to a greater or less degree, order food of a laxative nature, as soft mash, containing linseed meal; or the condition may be relieved by a mild oleaginous draught, as ol. lini., ʒviii.—ʒxii.; or enemas of warm water, with a little sodium chloride, may be given. If the nasal discharge becomes chronic, potassium iodide should be given night and morning in drachm doses, or ferri sulph., ʒii.—ʒiii., may be given twice or three times daily; the iron being also a valuable tonic. A favourite prescription in England is as follows: Ferri sulph., ʒii.—ʒiii.; resinae, ʒi.—ʒii.; twice or three times a day. The nostrils should be sponged several times daily, the eyes should also be sponged gently if much inflamed or if discharging. A change of food often hastens recovery—green food is highly bene-



ficial. If the animal has been fed on food of a stimulating character, it is good practice to give food of an opposite character for a few days, as bran mash, etc., then gradually revert to the original method of feeding. Should recovery not progress in a satisfactory manner, or the debility be well marked after the acute symptoms have ceased, tonics, as iron, gentian, etc., should be given, and the animal should have the best of food, and pure water in liberal quantities.

*Results.*—A great many diseases may follow simple catarrh as a result of injudicious treatment, or treatment too long delayed; or may exist as complications. Some of the complications and results of this affection are as follow: pneumonia, pleurisy, pleuro-pneumonia, nasal gleet, laryngitis, pharyngitis, laryngo-pharyngitis, bronchitis, etc., each of which will meet with due consideration.

### LARYNGITIS.

*Definition.*—Laryngitis may be defined as an inflammatory disease of the larynx, the inflammation involving the mucous membrane only, in the greatest number of cases, but sometimes involving the soft tissues as well, the latter form being the most serious. Catarrhal laryngitis is that form in which the mucous membrane alone is inflamed.

Laryngitis is a very serious affection, and often terminates fatally, sometimes within a remarkably short space of time. In some cases a thickened condition of the mucous membrane is caused by a copious and rapid effusion into the submucous tissue, swelling is great, the laryngeal muscles are greatly interfered with, or cease to act altogether, the glottal opening becomes partially or wholly closed, and death takes place by suffocation.

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*Causes.*—The various conditions causing laryngitis are about the same as those causing simple catarrh, *i.e.*, exposure to cold and wet, changes of temperature, and more particularly if sudden, draughts of cold air, balling with a stick, administration of irritant medicines, as ammonia, etc., not sufficiently diluted. The disease sometimes appears in an epizootic form, most commonly occurring as an epizootic during the spring or autumn months, this form most probably being due to atmospheric influences.

*Symptoms.*—Usually the first symptom observed is dullness of the animal, difficulty in swallowing. When drinking, part of the water returns through the posterior nares into the nasal chambers, and out through the nostrils. The neck and head are held in a stiff position generally, with the nose elevated and poked out in an endeavour to bring the air-passages as nearly as possible on a line. There may be a flow of saliva from the mouth, as the throat irritation will cause the animal to move his tongue about, and thus increase or stimulate the flow of saliva. In most cases of laryngitis a rise in temperature is noticed. If the increase is well marked, it indicates the case to be a severe one. A cough is usually present, which changes in character as the disease increases or decreases in severity, at one time being hoarse and dry, at another time of the variety described as moist cough. Coughing is easily excited by pressure on the larynx, or by an attempt on the part of the animal to drink. The state of the circulation varies—in some cases strong, in other cases weak; pulsations generally number from sixty to seventy beats per minute; tongue sticky, hot, and slightly furred; all the visible mucous membranes are reddened, and there is a more or less abundant flow of tears. The breathing may or may not be difficult, but is quickened in all cases. There may be a swelling of the limbs at a certain stage of the disease, and a discharge from the nostrils,

which, if profuse and coming away freely, is to be regarded as a favourable sign, the thermometer at this time showing a decrease in the animal's temperature. In a case about to terminate fatally, the Schneiderian membrane assumes a livid hue, the pulse becomes rapid and weak, the extremities become deathly cold and œdematous, cold sweats bedew the body, rapid prostration of strength follows, and death soon takes place.

*Treatment.*—It is very important that the patient should have an abundance of pure air—should be placed in a dry and comfortable loose-box, thoroughly ventilated and free from draughts. Hand-rub the legs well, apply flannel bandages, and clothe the body according to the season. An abundance of pure cold water should be supplied, which (if the animal will take it) is valuable to allay fever. All medicine should be given in the drinking water, if the animal can be induced to take it in that manner; if he will not take the medicine in his drinking water, it must be given in a draught, using water as the vehicle for its administration. Great care must be exercised in the administration of a draught to an animal suffering from laryngitis, a cough, or any attempt at coughing, on the part of the patient being regarded as a signal to allow the head to descend. If the pulse is hard and full, a few doses of aconite (Fleming's tincture) may be given with beneficial results. Potassæ chlorat. as a gargle cools the mouth and refreshes the animal, and should be used often and freely. Potassium chlorate and nitrate may also be given, dissolved in the drinking water. Oft-repeated and long-continued inhalations of steam are probably productive of greater good than any other remedial measure. The inhalations may be enhanced in value by the addition of some anæsthetic or narcotic agent, as chloroform, opii tr., belladonna, etc.; and belladonna fl. ext., in conjunction with ipecacuanha, in doses of a drachm each, may

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be given with benefit. Fomentations to the affected part, if continued for an hour or two, are productive of much relief, by relaxing and soothing the inflamed tissues. After fomenting, the parts should be rubbed gently until quite dry. The throat is now to be kept warm by the application of hot wool, retained in place by a bandage. In some cases hot poultices may be used. Artificial heat as supplied by a fire is highly beneficial. A stimulating application, as the ammoniacal liniment, mustard, or even a slight blister, may be applied to the throat, always taking into consideration the season of the year and the condition of the patient. Medicines may be conveyed into the system in the form of an electuary, which the animal will readily take, a useful one being as follows: Tannin,  $\mathfrak{z}\text{i}$ .; spts. vini gallici,  $\mathfrak{z}\text{ii}$ .— $\mathfrak{z}\text{iii}$ .; mellis,  $\mathfrak{z}\text{iii}$ .— $\mathfrak{z}\text{iv}$ . In cases which, in spite of treatment, increase in severity, and death by suffocation is imminent, recourse must be had to the operation of tracheotomy as a last resort. The incision should be made about on a level with the third and fourth tracheal rings. Some operators excise portions of two or more rings, leaving a circular opening into the trachea. There is no necessity for so doing, a simple incision completely severing two rings answering all practical purposes. The tracheotomy tube should be carefully inserted, and secured in place by a strap passing around the neck. The tube should be composed of some non-corrosive material, as nickel, silver, or hard rubber, and should be removed and well cleansed twice a day. Another and a very rare form of laryngitis is characterized by the formation of false membranes.

*Results.*—As results of laryngitis, we may have a thickened condition of the mucous membrane of the part, or atrophy of the laryngeal muscles, producing roaring, ulceration of the rima glottidis, and sundry abnormal growths and conditions, proving a constant source of irrita-

tion to the highly sensitive parts, and affording an explanation for the troublesome cough which in so many cases frequently exists for months after the acute symptoms of laryngitis have disappeared.

**Thickening of the mucous membrane** is to be treated by a course of potassium iodide internally, and frequent application of vesicants externally, into the composition of which it is recommended that a certain proportion of iodine, or potassium iodide, be allowed to enter. When it is suspected that the process of atrophy of the laryngeal muscles is going on, chlorate of potash should be given with the view of arresting the muscular degeneration. Nerve-stimulants may also be tried.

**Ulceration of the rima glottidis**, etc., is to be treated with a caustic solution, as argent. nitras, or hydrarg. perchlor., ʒss. or so, to aqua ʒi., to be applied a couple of times daily to the affected part by means of a soft sponge firmly secured on the end of a rod.

### CROUP.

Croup is occasionally noticed in young cattle, manifested by violent abdominal breathing, increased temperature, and a peculiar crowing sound, with a very anxious expression, staring eyes, a frothy discharge from the mouth, and a discharge of mucus from the nostrils; pulse quick and full during the early stages, becomes feeble and indistinct in cases that are about to terminate fatally; violent and constantly recurring fits of coughing, expulsion of false membrane, etc.

**Causes.**—The disease is caused by exposure to cold, by running on low-lying, wet land, damp and badly ventilated quarters, etc.

**Treatment** is about the same as in laryngitis: inhalations of steam containing iodine, chloroform, etc. Counter-

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irritants should be applied over an extensive surface, embracing the submaxillary and laryngeal regions, and the course of the trachea. The animal strength is to be supported by stimulants. In very urgent cases the operation of tracheotomy may be performed. Chlorate of potash may be given, and also makes a useful gargle. The diseased structures may be touched occasionally with a sponge saturated with the following solution: argenti nitras  $\mathfrak{z}\text{i}$ ., aquæ distil.  $\mathfrak{z}\text{i}$ . The sponge should be rapidly passed to the diseased part, and as quickly withdrawn. A mild oleaginous purge may be given to correct constipation, if present, and the animals should be removed to new quarters, free from dampness and other conditions opposed to recovery. Good feeding and warmth will do the rest.

### SPASM OF THE LARYNX.

**Spasm of the Larynx** may occur at any age, but most commonly occurs amongst old horses, and is due, I think, to cerebral disturbances in a large majority of cases.

*Symptoms.*—The attack occurs very suddenly, and without giving the slightest premonition of its approach. In some cases a frothy spume issues from the nostrils; respiration is very seriously interfered with, being very difficult, loud, and laboured (there is no observable rise in temperature); the animal staggers, struggles for breath, and finally falls. The paroxysm shortly passes off, and he recovers, usually to die at some future day of the same trouble.

*Treatment.*—In this, as in all other serious affections of a spasmodic character, treatment requires to be prompt. Hypodermic injections of morphia, inhalations of chloroform, administration of opiates, etc., are the proper means to adopt. Potassium bromide is of great service in the form due to cerebral disturbances.

**Ulceration of Larynx.**—Ulceration of one or more of the

cartilages composing the larynx may take place, owing to an improper or insufficient supply of blood, and as a sequel of laryngitis, etc. The arytaenoid cartilage is the one most likely to be affected.

*Symptoms.*—The condition is a very hard one to diagnose. Irritation and swelling of the part are usually noticeable, accompanied by a distressing cough, usually of a paroxysmal character. There is also a nasal discharge, which varies greatly in quantity at different times, and is never very profuse, but always very fetid. The cough is excited by the processes of eating and drinking.

*Treatment.*—Very little can be done. The throat may be blistered well around, and a solution of argenti nitras may be used to touch the diseased parts, if they are accessible. Potassii iodid., in conjunction with nerve stimulants, may, if used, be attended with benefit; but the chances are largely against any mode of treatment being successful, the chief difficulty being the situation of the diseased structures.

### NASAL GLEET.

This disease is also known as **Chronic Catarrh, Ozæna, etc.**

*Definition.*—A catarrhal disease, characterized by a defluxion from the nostrils. It may result, in some cases, from a sub-acute inflammation of the mucous membrane lining the nasal chambers, or it may involve the various sinuses of the head. Pus is formed, which undergoes various changes, according to the length of time it has existed; and it may be exceedingly fetid, or, on the other hand, may be absolutely devoid of odour. In an old case of nasal gleet, where the bones have become involved in the destructive process, the odour is indescribably offensive, and much worse than the odour emitted by a case of glanders. (It should be borne in mind, however, that either disease may exist in a fully developed form without giving rise to any odour whatever.)

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In nasal gleet the turbinated bones often become affected, and present a sarcomatous condition.

*Causes.*—Nasal gleet frequently exists as a sequel to a neglected case of simple catarrh; is also due, in some cases, to long-continued exposure and neglect, the animal receiving an insufficient supply of nutritive food; a common practice among farmers being to allow an animal to run out all winter with very little, or perhaps no shelter, and no food, except that afforded by the straw-stack. Injury to the bones also is a cause of nasal gleet. It is not at all necessary that the bones should be fractured to produce nasal gleet; the animal may receive a blow, in consequence of which a small bloodvessel may be ruptured; a clot forms, acts as a foreign body, sets up an irritation which gradually spreads in all directions, until a well-marked case of nasal gleet is the result. The disease also exists in some cases as a symptom of carious teeth, wherein the caries has extended to and involved the osseous structures. Inspissated or dried pus, however small in quantity, by acting as an irritant foreign body, is also an occasional cause of nasal gleet.

*Symptoms.*—All chronic nasal discharges should be regarded with suspicion, and should be given a careful examination to ascertain their nature, as most serious results would be likely to follow a mistaken diagnosis wherein a case of glanders was pronounced to be a case of nasal gleet. A good knowledge of anatomy is of the utmost importance in making the differential diagnosis. The nasal discharge is at first white, before long becoming yellow, and adheres rather tenaciously around the nostrils, but generally is not so viscid as the discharge of glanders. The Schneiderian membrane is reddened at first, but soon takes on a livid hue, and may present an abraded surface, but no ulceration. In some cases the submaxillary glands are found to be slightly enlarged. Percussion over the region of the sinuses



yields a dull, dead sound, instead of the resonant sound emitted on percussion of the parts when healthy. Slight enlargement of the affected sinuses may be observed. A large accumulation of pus will give rise to laboured respiration. The pus is exceedingly offensive in odour where the osseous structures are involved. Nasal gleet is not a contagious disease.

*Treatment.*—Isolation as a precautionary measure should be adopted; endeavour to find and remove the cause. The patient should be kept in well-ventilated quarters, and the diet should be of a highly nutritive character, and supplied in liberal quantities. The animal should be allowed to rest, or, at the most, do only light work. The bowels and kidneys are to be kept in as nearly a normal condition as possible, and good grooming is a matter of some importance. The nostrils should be kept clean by sponging. The medicinal agents indicated are those which tend to restrain undue activity of the mucous membranes, and at the same time exert a general tonic and alterative action. Ferri sulphate is often productive of good results, as are the following: potassium iodide, cupri sulphate, cantharides pulv.; the latter being given in doses of grs. v.—x. Frequent changes of medicines should be made; a combination of iodine and iron, forming ferri iodidi, is probably the best agent known in the treatment of nasal gleet, to be given in doses of  $\bar{z}$ i.— $\bar{z}$ ii. twice a day; ferri sulph.  $\bar{z}$ i.— $\bar{z}$ ii., acid. arsen., grs. ii.—v. twice a day, is another prescription highly thought of. Strychnia or nux vomica may be substituted for the arsenious acid in the usual doses. In some cases counter-irritation (as a blister applied over the part) is attended with marked benefit; the nasal chambers may be injected with a weak solution of carbolic acid. There is also a very good instrument known as an insufflator now in use, by which the parts may be dusted with various

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agents in the form of an exceedingly fine powder. There is also a spray diffuser, by means of which various solutions may be beneficially employed. Various medicinal agents may also be employed in the form of vapour; the chief difficulty in the treatment of nasal gleet being the situation of the diseased structures, and their almost total inaccessibility. When the sinuses are filled with the accumulated pus, and the bones are involved, medicinal agents are useless, and the operation of trephining must be performed to allow the escape of the pus. As a rule it is not difficult to trephine; in some cases the diseased bones are soft enough to admit of being cut with a knife. After trephining, the cavities should be syringed with a solution of carbolic acid in tepid water; give alteratives and tonics with a liberal diet, and generally a cure can be effected. In cases where the turbinated bones are affected, as a rule a cure cannot be accomplished. If the trouble is due to the presence of a carious tooth, it should be removed at once. There is a case on record where a carious tooth made its way into the frontal sinus. Balsam of copaiva is very useful in some cases. Inoculation may be tried as a determining test as to whether the case is glanders; nasal gleet in a majority of cases is an incurable disease.

**Abscess of the Turbinated Bones.**—This disease may cause nasal gleet.

*Causes.*—Abscess of the turbinated bones may be caused by injuries, presence of foreign bodies, etc.

*Symptoms.*—There will be a discharge of pus from the nostrils, which may be increased in quantity by elevating the head of the animal for a few moments, then suddenly depressing it.

*Treatment.*—Trephine, and allow what pus is present to escape, then remove all diseased bone or touch with dilute hydrochloric acid; after-treatment should consist of weak

astringent injections, which may be increased in strength as their use continues. Acidum hydrochlor. pars i., aquæ pars. l.—c., is an excellent application to diseased bone.

**Thickening of Mucous Membrane lining the Nose.**

*Causes.*—This condition is caused by debility, poor keeping, advancing age, and irritant or too powerful injections.

*Symptoms.*—A snuffing sound is heard during respiration, and there is usually a very slight nasal discharge.

*Treatment.*—Difficult; give tonics internally, and astringent injections gradually increasing in strength.

**Nasal Tumours, or Polypi.**—These growths are usually of a fibrous character, and are characterized by a small pedicle or neck, with a free expanded extremity. Nasal polypi are of far more common occurrence in man than in our patients. These growths may exist high up or low down, and according to their situation are they visible or invisible. A polypus may exist, being invisible for a considerable length of time, and finally by increase in size become plainly visible to the examiner.

*Causes.*—These growths are often the result of irritation of the mucous membrane lining the parts, and frequently occur without any apparent cause for their presence.

*Symptoms.*—There is generally a discharge from the nostril on the affected side, the discharge sometimes being tinged with blood; a snuffing sound may be heard during respiration, the breathing being seriously interfered with at times, even to such an extent as to cause the animal to fall down.

*Treatment.*—Seize the polypus close to the neck with the forceps and twist it off; phlegmonous erysipelas may follow, but remove it if necessary.

**Osseous Tumours.**—Osseous tumours sometimes occur in the nasal cavities.

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*Symptoms.*—Are those presented by the presence of any obstruction in the nasal cavities, as difficult breathing, etc.

*Treatment.*—Prompt removal of the offending growth, when accessible, is in all instances to be effected by means of the bone-saw and forceps.

*Cysts.*—In connection with the false nostrils, enlargements—erroneously described by some as tumours—are met with: they are rather small in size, and contain matter of a cheesy appearance and consistency.

*Treatment.*—The absorption of these enlargements may be accomplished in many cases by various applications; but the best way is to make an opening with the lancet, and allow the contents to escape, after which the cyst should be injected with a weak astringent solution.

**Pharyngeal Polypi.**—Polypi are occasionally met with in the pharynx, and usually have a constricted base.

*Symptoms.*—The irritation of the parts may possibly give rise to a slight discharge from the nostrils; the breathing is at times very difficult, and the animal will show symptoms of suffocation, will pull back on the halter, and perhaps fall, after which he may rise, breathe heavily, and be all right in a short time.

*Treatment.*—Examine the throat: the mouth speculum may advantageously be used in the examination. If the polypus has a broad base, it had better not be interfered with. If the base is constricted, you may cast the animal and remove it with the ecraseur. The hæmorrhage is often very excessive, and there is always danger of the blood escaping into the larynx, and thus finding its way into the lungs and causing death. It is very difficult to get at the part, and unless all the conditions, as age of the animal, etc., are favourable, it is advisable not to attempt an operation.

**Epistaxis: Bleeding from the Nose.**—Bleeding from the nose may occur as a symptom of various diseases, as

glanders, purpura hæmorrhagica, etc. ; or it may occur as the result of an injury, as a blow, kick, etc., causing rupture of a bloodvessel in the nose. Nasal bloodvessels are also ruptured sometimes in consequence of severe exertion ; and bleeding occurs now and then without any apparent cause.

*Symptoms.*—A flow of blood, generally from one nostril only, but occasionally from both nostrils.

*Treatment.*—Astringent solutions may be forced into the nasal chambers. The various preparations of iron are useful ; solutions of lead acetate, alum, etc., are also useful. In some persistent cases, plugging one nostril may have to be resorted to ; cold water or ice may also be applied externally. A string should be attached to the plug, for the purpose of removing it when necessary.

### **HÆMOPTYSIS: HÆMORRHAGE FROM THE LUNGS.**

Hæmorrhage of the lung usually occurs in connection with, and as a symptom of, some diseased condition of the lung structure, as pulmonary congestion, etc. The primary cause in a great many cases is the performance of some severe exertion by the animal when not in suitable condition ; most commonly met with in horses accustomed to fast work, as trotting and running horses ; and a plethoric animal, on being put to a little extra exertion, will sometimes suffer from pulmonary hæmorrhage.

*Symptoms.*—The blood issues from both nostrils ; coughing is present, showing laryngeal or tracheal irritation ; respiration becomes quickened, and on auscultation over the region of the trachea, a peculiar rattling or gurgling sound is heard. This sound is caused by the air rushing through the obstructing blood and mucus ; if the hæmor-

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rhage is very considerable, there will be blanching of the visible mucous membranes and coldness of the extremities, and considerable weakness and dulness will be exhibited by the patient. Hæmorrhages may also take place from the trachea, bronchial tubes, etc.

*Treatment.*—The animal should be placed in a well-ventilated loose-box, any undue weakness should be combated by administration of stimulants—alcoholic stimulants being the best of all—the patient should be kept as quiet as possible, and well clothed, the limbs should be well hand-rubbed, and then bandaged with flannel; refrigerant applications, as cold water or ice, may be applied to the sides of the chest. Medicinal remedies are those which tend to support the animal strength, and combat the hæmorrhage; the latter are ol. terebinth, plumbi acetas, opium, gallic acid, tinct. ferri perchloridi, etc., to be given in the usual doses as the exigencies of the case demand.

An animal, after having suffered from hæmoptysis, should be used very carefully, and not put to any very great exertion for a long time afterwards.

## ABNORMAL SOUNDS.

Abnormal sounds are often noticed in connection with diseases of the air-passages and lungs, and may be described as nasal, laryngeal, tracheal, and thoracic.

**Roaring** may be defined as breathing with a loud and unnatural sound, the sound being emitted more particularly during the inspiratory act, and upon the animal being put to violent exertion. Wheezing and whistling are modifications of the same disorder, and both finally terminate in roaring.

**Snuffing** is a usual accompaniment of catarrhal diseases, or where there is a nasal discharge, as in influenza, glanders, etc.

**Snoring** is symptomatic of some nasal obstruction, as a polypus, etc.; this sound also occurs as a symptom of brain disease.

**Sneezing** is indicative of an irritable condition of the pituitary membrane.

**Grunting.**—This sound is referable to the larynx, and may or may not be connected with disease; it usually accompanies roaring, and is always to be regarded with suspicion. Any painful disease may cause an animal to grunt, and some animals have an ugly habit of grunting without the presence of disease.

**Cough** may be defined to be a laryngeal sound, produced by the violent expulsion of air from the lungs.

**Suppressed cough** is the sound emitted by the animal when suffering from a disease in which the effort of coughing is accompanied by pain; this form of cough is pretty characteristic of pleurisy.

**Chronic cough** frequently exists without any apparent cause; it also occurs as a sequel of laryngitis, and is sometimes associated with chest diseases, indigestion, derangement of the pneumogastric nerve, etc. Chronic cough is easily detected by a slight pressure of the larynx, and is usually of a hollow sound.

**Treatment.**—Bad hay and oats, dusty food, etc., should be carefully avoided, and the following very simple, but nevertheless very good remedy in some cases is worthy of a trial: antimon. tart.  $\mathfrak{z}\text{i}$ . twice a day for nine or ten days. Another old and powerful remedy, which was highly thought of by Professor Dick, is as follows: hydrarg. subchlor., digitalis, camphoræ, opii pulv.  $\mathfrak{a}\mathfrak{a}$ .  $\mathfrak{z}\text{ss}$ .; to be given in a bolus every other morning before feeding.

**Bronchocele.**—Close to, and behind the larynx, is situated the thyroid gland. This gland frequently becomes hypertrophied, constituting an affection known as bronchocele. It

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seldom does any harm. The disease is most common in limestone districts.

*Treatment.*—Applications frequently renewed of unguentum iodi, or unguentum iodi comp., as follows, potassium iodide  $\mathfrak{z}\text{i}$ ., iodum  $\mathfrak{z}\text{i}$ ., adeps  $\mathfrak{z}\text{iv}$ ., are the most successful. The gland may be removed by excision, but the operation should not be resorted to in any but exceptional cases.

### LARYNGISMUS PARALYTICA.

This condition gives rise to roaring, which may be defined as breathing with a loud and unnatural sound. Properly speaking, roaring in itself is not a disease, but is a symptom of disease. The condition is due in a great majority of cases to paralysis, or atrophy of the dilator muscles of the larynx, the muscles affected being the crico-arytenoideus, posticus, and lateralis, the arytenoideus, and the thyro-arytenoideus.

A variety of causes have been assigned for roaring. Malformation of any of the air-passages, obstruction of the nasal cavities, occlusion of one of the nostrils, etc., will produce the sound; but in a pure case of laryngismus paralytica the muscles above mentioned are paralyzed, or atrophied, in consequence of which the laryngeal opening is not properly dilated, and the air rushing in during inspiration comes in contact with the loosely flapping parts of the larynx, and produces the sound known as roaring. Roaring, from any cause whatever, constitutes an unsoundness.

*Causes.*—Any immediate irritation, as laryngitis, etc., by interfering with the nervous supply of the part, has a tendency to bring about the disease, by causing degeneration of the muscular fibre. Strangles involving the larynx is also sometimes followed by roaring. In many cases the disease may be traced to an hereditary predisposition on the part of the animal, certain strains of all breeds of horses being peculiarly liable to this disease. Conformation undoubtedly



exerts a powerful influence in this direction. Animals having a long neck and narrow in the submaxillary space should always be regarded with suspicion ; for although such an animal is not by any means necessarily a roarer, he is undoubtedly predisposed to the disease. Tight reining may also be regarded as a fruitful cause of roaring. Another theory propounded recently is that the recurrent branch of the pneumogastric nerve, being influenced by the lymphatic glands, which lie in close proximity to its course, becomes irritated ; irregular nervous action is the result, and the laryngeal muscles, on account of perverted nutrition, undergo fatty degeneration, or become wholly or partially paralyzed, in consequence of which the disorder known as roaring becomes established. When caused by strangles, it is generally due to the form known as irregular.

*Symptoms.*—It is only when the animal is excited or sharply exercised that the sound is produced. In ordinary cases it is only during inspiration that the sound is made, but in bad cases the sound is emitted also during the performance of the expiratory act. A moderate canter is not always sufficient to expose the roarer. The proper way to examine for and discover roaring is as follows :—

The animal should be made to attain as high a degree of excitement as possible, then should be galloped past the examiner at full speed, and preferably on an ascending grade. The animal, after one or two runs, may be pulled up shortly, close to the examiner, who, by immediately placing his ear to the nostrils and larynx of the animal, will be able to detect any abnormal sound. The above method of examination is to be recommended in all cases, as some cases of roaring are so slight as to be barely discoverable by the most severe tests. Another way to test an animal for roaring is as follows : Have the animal gently trotted, after which he is to be coughed, due observation

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being made of the character of the cough ; after which the animal is to be placed by a wall, his head firmly held by the attendant. The examiner now makes a feint, as though going to strike the animal, which latter naturally starts forward very suddenly, and, if affected, will usually take a deep inspiration, and emit the grunt peculiar to roarers. But such a test cannot be regarded as an entirely satisfactory one. A case may occasionally be met with wherein the animal whistles slightly, the sound being due to a slightly thickened condition of the mucous membrane of the larynx, caused by an attack of laryngitis a month or so previously. This sound is evidence of unsoundness at the time it is present, but the animal may entirely recover in course of time; but in cases where the anatomical conformation of neck mentioned above is present, it is safe to say that the whistler will finally become a roarer. Laryngismus paralytica, giving rise to roaring well marked, is incurable.

*Treatment.*—Careful attention should be paid to the diet. The food should be of the best, and given in moderate quantities. Moderate exercise is beneficial. Counter-irritation, as a pretty strong vesicant to the throat, may be followed by a remission of the symptoms. Potassium iodide in doses of one drachm twice a day will sometimes effect a cure in recent cases, if slight. Another mode of treatment highly thought of and especially recommended by Mr. George Fleming, is the use of the galvanic battery, persevered in day after day until some improvement is perceived or the case is decided to be hopeless. At the same time nerve stimulants may be given internally, as in many cases the trouble is undoubtedly due to lack of proper nervous influence. Where such is expected to be the case, nuxvomica in drachm doses, or the alkaloid strychnia in doses of two grains, may be given a couple of times daily. A peculiarity of this disease is that it is nearly always the

muscles of the left side which undergo the degenerative process; but disease causing roaring is essentially a disease of a progressive character, and sometimes it exists to such a degree in old cases, where probably the muscles of both sides are atrophied, that a trot of a hundred yards will cause the animal to stop and show symptoms of suffocation, as staggering and roaring, to an alarming degree. It is an act of mercy to destroy such an animal. However, the animal may be relieved by tracheotomy, and used for slow work.

### TRACHITIS.

*Definition.*—Inflammation of the mucous membrane lining the trachea.

Inflammation of the trachea is generally due to the presence of some foreign body, or exists as a complication of laryngitis, etc.

*Symptoms.*—The respiration is somewhat laboured, and on auscultation of the tracheal region a rattling sound may be plainly heard, except in the early stages; there is a nasal discharge which relieves the trouble considerably.

*Treatment.*—Clip the hair over the course of the trachea, and apply the ammoniacal liniment, or mustard; the latter being the best, as well as being a very safe application—in an hour or two it may be sponged off, especially if the horse becomes excited and irritable. Medicinal agents are tr. aconite, potassium chlorate, potassium nitrate, etc. Clothe the patient and keep out of draughts, and do not allow the animal to breathe very cold air.

*Tracheotomy.*—Sometimes, as a result of tracheotomy, there is noticed a tumour, or growth of a cartilaginous nature at the opening.

*Treatment.*—Unguentum iodi, simple or compound, but in all cases strong, should be frequently and freely applied.

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lectures, making mention of a case coming under his observation, in which a slight opening existed at the upper part of the trachea, or lower part of the larynx, in consequence of which, during expiration, the air escaped through the opening into the areolar tissue and caused great distension of the part, which, however, did not persist for any great length of time, the swelling subsiding in consequence of absorption of the air taking place, when the presence of the opening into the trachea could by means of the fingers be plainly distinguished through the intervening soft tissues.

*Treatment.*—An incision should be made, cutting well down through the soft tissues until the abnormal opening lies fully exposed, after which a counter-irritant should be applied, and of a strength great enough to cause the exudation of material sufficient in quantity to close the opening.

**Enlargements over the course of the trachea** are sometimes met with, occurring with greatest frequency amongst colts.

*Treatment* consists in the free application of counter-irritants, preferably such as contain iodine.

**Thickening of the mucous membrane lining the trachea**, constituting a chronic or simple inflammation of the trachea, sometimes occurs, giving rise to more or less difficult respiration, and perhaps a slight discharge from the nostrils.

*Treatment* consists in the application of counter-irritants over the course of the trachea, the ungt. hydrarg. biniod. and the ordinary ungt. iodi being useful, in conjunction with the administration internally of potassium iodide, nitrates, etc.

## THE LUNGS

Are those two spongy organs, one on either side, situated in the thoracic cavity; they are the essential organs of respiration, and are composed of: first, the pleura, then the subserous tissue, then the parenchyma, or lung substance proper.

The lungs serve for the purpose of purifying the blood. In examining as to the state of the lungs, there are various methods by which the presence of disease may be detected.

**Auscultation.**—In health, on applying the ear to the sides of the thorax there may be heard a soft breezy sound, which is increased by excitement or exertion, and decreased by quietude; this may be called the vesicular murmur.

**Percussion.**—By percussion is understood striking upon the surface; the fingers, or an instrument known as a pleximeter, being used for the purpose. The healthy part will yield a resonant sound upon being struck, and the diseased part yields sounds of various kinds.

**Palpation**, or touching, as in pleurisy. If you press upon the intercostal spaces the animal will evince pain.

We have bronchitis, pneumonia, pleurisy, etc., occurring in connection with the lungs. In very many diseases affecting the chest, the lungs, pleura, bronchi, etc., become by sympathy more or less affected—*post-mortem* examinations prove this. In connection with the larger bronchial tubes we have a snoring sound in disease; this sound is known as the rhonchus râle.

**Sibilus.**—This sound may be described as a whistling sound, and, when present, indicates more or less irritation in connection with the smaller bronchial tubes; the sounds change more or less according to the nature and severity of the disease, and different sounds are produced during different stages of the same disease, as, for instance, during the first stage of bronchitis the sound may be dry, while during the latter stages, when the mucous membranes are actively discharging, the sound becomes moist.

### CONGESTION OF THE LUNGS.

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the bronchial arteries and veins constitute the former, while the latter consists of the pulmonary arteries and veins, and is the system involved in congestion of the lungs.

*Definition.*—Congestion of the lungs may be defined as partial or complete arrest of the pulmonary circulation; a largely increased amount of blood being detained in the parts, causing an enlarged condition and functional derangement of the lungs. Congestion of the lungs is a forerunner of pneumonia and other pulmonary affections, yet it occurs as an independent disease.

*Causes.*—Congestion of the lungs is very common at certain seasons of the year. In Canada the disease is of most frequent occurrence during the spring; the explanation being that on account of the length and severity of the winter season many horses are kept standing in the stable, fed well, and get no exercise; on the appearance of fine weather they are taken out, put to hard work, and congestion of the lungs is a frequent result. In England the disease is of frequent occurrence amongst hunting horses at the beginning of the hunting season, the horses being put to rapid work and severe exertion when not in fit condition. Driving an animal while suffering from an attack of simple catarrh, influenza, etc., quartering in damp, badly ventilated stables, impure air, draughts, etc., are all causes of congestion of the lungs. The condition occurs occasionally as a symptom of cardiac derangement, etc. The disease may, or may not, run a favourable course in a very short period; a horse may die in twenty-four hours from the time the first symptom was manifested. A very slight congestion is sufficient to cause death, providing a large portion of lung tissue is involved. The disease runs its course to a termination, favourable or otherwise, within a period varying from eight or ten hours to several days.

*Symptoms.*—Symptoms vary to a greater or less extent,

but I will describe a case as it occurs in the usual form as a result of ordinary causes. A horse suffering from catarrh has been driven, is rubbed over and put in the stable; he is observed to shiver, the body becomes very cold, in some cases the extremities also become deathly cold; all food is refused; on auscultation rhonchus râle is discovered; the mouth is hot, more or less constipation is observed, pulse sixty, seventy, or eighty beats per minute; as a rule the patient persists in retaining a standing position; in some exceptional cases, where tympanites occurs, the animal may lie down to relieve the intestinal pain; the breathing is quickened, and somewhat difficult in most cases.

A horse, after being driven a few miles, more especially if at a sharp pace, and the animal not in fit condition, will begin to lag, appears sluggish, the Schneiderian membrane is reddened, breathing becomes very difficult, the nostrils flap during respiration. This flapping of the nostrils is very characteristic, and is a valuable diagnostic symptom. Cold sweats bedew the body, and the body, ears, and extremities become deathly cold (in warm weather the coldness of the body, ears, and extremities is not so well marked as during cold weather); the ears flap, or droop; in some cases the pulse is indistinct, in other cases not so much so; the temperature gradually rises, there is trembling of the flanks, and on auscultation the characteristic sounds of congestion of the lungs are heard. Allow the animal to stand quietly, and he will often recover; but drive him in this condition and death will result.

*Treatment.*—The treatment of congestion of the lungs is not at all difficult, and if proper, the result is usually satisfactory. The treatment should be energetic; whatever it is intended to do, should be done without loss of time. A diffusible stimulant should be given as soon as possible, as spts. æth. nit., or æth. sulph., in doses of ʒi.—ʒii., the

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first named being the best; repeat the dose in a couple of hours, or until the pulse shows improvement, when the administration of stimulants should cease. Ammonia, ale, whisky, etc., are all highly useful stimulants, and may be given in the usual quantities. The body of the patient should be well clothed; the legs should be well hand-rubbed and bandaged with flannel bandages, or fomentations (the water being as warm as the animal can stand) to the legs, and continued for some time, are highly beneficial. Enemas containing a sufficient quantity of ol. terebinth. may be given with the two-fold object in view of clearing out the rectum, removing any hardened fæces it may contain, and at the same time producing a stimulant effect of a mild diffusible character. Cloths wrung out of hot water may be applied to the sides, there being no need of a mustard application. It should be borne in mind that during all this time the animal should be kept in a well-ventilated loose-box, or other place where the free access of plenty of pure air would not be interfered with. After the most violent symptoms have subsided, ol. lini 3vi.—3viii. may be given if constipation is present; however, it is seldom needed. Venesection may be practised, possibly with benefit in certain cases; four, five, or six quarts of blood being abstracted, to be followed in an hour or so by the administration of a diffusible stimulant. Arnica tr., in doses of 3i.—3ii. is recommended by Williams. A little gentian may be added to either of the draughts above mentioned; a slightly stimulating embrocation applied to the extremities acts beneficially on account of its warmth-producing power. In cases where weakness and general debility are manifested after the acute symptoms have passed off, ale, whisky, æther, etc., with a little gentian, may be given daily until some improvement is observed; at the same time thorough grooming, regular exercise, and



proper feeding are of the utmost importance. Bran, carrots, or anything the animal will eat, may be allowed in moderate quantities. In cases where the lungs become gangrenous, as they sometimes do within a surprisingly short time, the pulse becomes very weak and quick, the whole of the body surface becomes deathly cold; the animal persistently stands up, turns to the door, is of a listless appearance generally; the countenance is of a haggard appearance. The breathing now is not attended with as much difficulty as in the earlier stages, the breath becomes foetid, and death soon follows. Sometimes spasm of the diaphragm occurs in connection with a case of congestion of the lungs.

### PNEUMONIA.

*Definition.*—Inflammation of the parenchyma, or lung-substance. This condition is a frequent result of palmonary congestion, and is often associated with other diseases, as pleurisy, bronchitis, etc. When pleurisy and pneumonia co-exist, the disease is termed pleuro-pneumonia. The symptoms of the above-named diseases do not differ very much, and the treatment for all is about the same. In pneumonia one or both lungs may be affected. When both lungs are involved in the inflammatory process, it is usually as a result of congestion, and death is the usual termination. In most cases one lung only is inflamed, and sometimes only a portion, or one lobe may be affected. When the latter is the case it is known as lobular pneumonia.

Several changes take place during the progress of a case of pneumonia, which may be described as follows:

*First stage* is that of hyperæmia, characterized by an excess of blood in the part. As a usual thing exudation speedily follows, and solidification commences. The first stage may be called arterial injection, engorgement, or congestion, the first-named term being probably the best. When a portion

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2nd. 'Red hepatization' is the term applied to the second stage. At this time the lung-substance has undergone a more or less destructive process, and will readily sink on being placed in water, its weight having largely increased as the exudate became solidified. In case the patient recovers after the disease has attained this stage, the exudate is removed after liquefying by the process of absorption, and the lung gradually regains its former condition. At this stage the lung, on being cut into, presents a much redder colour than that of the healthy lung.

3rd. 'Grey hepatization' is the term applied to the third stage of pneumonia, in contradistinction to 'red hepatization'; but I cannot say that the difference of colour is very well marked; and as infiltration of pus and fibrin takes place, probably 'purulent infiltration' would be a better term by which to designate the third stage of pneumonia. When this stage is reached, death is the usual result. The diseased spot may be circumscribed, and not spread. This is particularly common in pleuro-pneumonia of the ox. The various stages are uncertain as to duration, engorgement in some cases lasting for a very brief period, and terminating in hepatization. Pneumonia may justly be described as a very insidious disease, frequently proceeding to a very great extent without showing many signs of its presence.

*Causes.*—Among the causes may be enumerated the following: exposure to cold and dampness, standing in a draught, neglected catarrh. An animal suffering from a case of simple catarrh, on being put to work, will often develop a case of pneumonia. It may occur as a result of some irritant substance, as medicine, gaining access to the lungs, inhalation of smoke, badly ventilated stables. It is also due occasionally to the presence of some morbid influence

in the blood. A plethoric state of the system also predisposes; hence the disease is of more common occurrence in the spring, after the high feeding and little exercise during the winter season. It may be due in some cases to the inhalation of morbid material of some kind, causing pyæmia and pneumonia. It may also occur as a result of contact with glanderous horses, and is then termed 'glanderous pneumonia.' Pneumonia is also sometimes a result of various respiratory diseases, as bronchitis, laryngitis, etc. And most of the conditions which have a tendency to cause bronchitis and other respiratory troubles, as sudden changes of temperature, exposure, etc., will also, under certain conditions, give rise to pneumonia.

*Symptoms.*—The disease is ushered in by rigors, which are usually, but not always, well marked. Respiration is not affected to any great extent at first. Pulse quickened, varying from sixty to eighty beats per minute, and perhaps full. The mouth is hot, and has a peculiar feeling of stickiness; temperature becomes increased; all the visible mucous membranes are reddened, highly injected, and dry, indicating the presence of the febrile stage. Ears and legs are usually cold, but sometimes alternately hot and cold. Another characteristic of this disease is that the horse persistently retains the upright posture, while the ox as persistently remains in a recumbent position. There are exceptional cases, where the congestion is very severe or the pleura is affected, when he will lie down, but will rise almost immediately, not having found the expected relief. The animal will face the door so as to get the fresh air. In health the respirations are about ten per minute, but are increased in this trouble. Auscultation and percussion are material aids in diagnosis. The vesicular murmur is increased, giving rise to a sort of crepitating sound, which has been compared to the sound produced by rubbing a

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lock of hair between the fingers in close proximity to the ear. This sound is heard during the first stage or period of arterial injection, while the lung is still struggling to perform its functions. Soon a copious exudation takes place, which after a while solidifies. This condition is denoted on auscultation by the absence of all sound in the diseased structure. In cases where the exudate breaks up, liquefaction beginning to take place, a sort of ringing sound may be heard on auscultation, showing that the tubes are regaining their former condition. Percussion over the region of a diseased lung yields a dull, dead sound; a resonant sound being emitted if the structure is in a normal condition. The right lung is more likely to become affected, and, as a matter of fact, does more frequently become affected, than the left lung. Fortunately the whole lung or both lungs are not often involved in the inflammatory process, or death would quickly ensue. Abdominal breathing may be observed; appetite is poor or entirely absent. In certain cases, consolidation of the lung structure may occur within forty-eight hours from the appearance of the first symptom, but, as a rule, it takes longer. In cases likely to terminate fatally the pulse runs up, becoming quicker and weaker; the respirations become increased in number, and more difficult. A very bad symptom, after a few days' illness, is flapping of the nostrils; in such cases, usually in the course of four or five days, a brownish or rusty-coloured discharge may be observed flowing from the nostrils, the eyes take on an amaurotic stare, and the patient seems to be unconscious of everything going on around him. The pulse now becomes almost indistinct, body and extremities deathly cold, and the mouth somewhat cold, the patient may lie down for a few minutes, turn his head to his side, then get up, stagger, fall, and rise no more. The horse retains the standing posture in this disease because it affords greater

relief than any other position. Death may ensue in from three to twenty days. In a case terminating favourably, a general remission of the symptoms is noticed, the pulse becomes slower and increased in volume, the animal temperature decreases, the appetite gradually returns, and by auscultation and percussion we are enabled to detect the various signs of improvement taking place within. Pneumonia is not a very fatal disease if taken in time and treated properly.

*Treatment.*—Place the patient in a well-ventilated, dry loose-box, free from draughts. An unlimited supply of pure air and pure cold water are essentials in the treatment of pneumonia. Blood-letting was at one time practised to a great extent, but the practitioners of to-day know better; it is safer, as a general thing, to make a judicious use of stimulants, but in those few and exceptional cases where a sedative is required, aconite tr. (Fleming's), ℥ x., may be administered occasionally until the desired effect is produced. Another agent useful as a febrifuge and diuretic is potassium nitrate. It may be given in a draught or in the drinking water of the patient, if he will take it—about ʒvi. should be given in the course of twenty-four hours: it also exerts a beneficial action on the blood. When the circulation is weak, stimulants are indicated, as liq. ammon., acet. with æth. nitrici, spts. frumenti, etc., to be given in the usual quantities, and as often as occasion requires. The animal should be well clothed, according to the season of the year; the legs should be well hand-rubbed and bandaged with flannel; good nursing is indispensable and of the utmost importance; the appetite should be tempted by tidbits, or the offer of relishable food in small quantities, and of a kind nutritious and easily digested. Bran-mashes do not amount to much in the way of nourishment, the percentage of nutritive material being too small. A small mash containing oats, or oats alone, boiled or raw, may be

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given if the animal will eat ; great benefit accrues from giving roots, as carrots, etc. Very great harm is done by too frequent administration of draughts, as the stomach is very weak ; and while the draughts should not be bulky, they should be composed of stimulants and nutritives in a concentrated form, as spts. vini gallici, wine, milk, beef-tea, etc. All, or any combination of the above, may be placed in the drinking water, if he will take it that way, and he generally will. Counter-irritation is of the greatest benefit in pneumonia, if applied judiciously and the effect watched. The following may be used : Sinapis pulv.  $\text{ʒiv.}$ — $\text{ʒviii.}$ , aquæ q.s. to make a paste ; spread on a good sized cloth and apply over the affected region. Cloths wrung out of hot water, applied to the chest and covered with a dry cloth, are frequently of great benefit ; but of course the nature of the application should depend upon the season or the state of the weather. Linseed poultices are good applications. Whenever signs of amendment become apparent the excessive administration of medicines should be guarded against. Sometimes a pretty powerful sedative may be given to relieve the more distressing symptoms. If constipation is present, the action of the bowels should be solicited by frequent enemas of warm water ; and during convalescence a laxative diet should be given ; purgatives are inadmissible. Potassæ iodidi may be given during convalescence, colchicum is also useful. The hardy Canadian horses do not succumb to pneumonia as readily as the larger breeds, and stand antiphlogistic measures better. Pneumonia sometimes occurs as a result of influenza.

### PLEURISY.

*Definition.*—Inflammation of the pleura.

Pleurisy or pleuritis, as this disease is also sometimes termed, often exists in connection with pneumonia ; never-

theless, it sometimes exists as an independent affection, as is often proved by the fact of an animal dying of effusion into the pleural cavity, and the lung-substance on examination being found to have undergone no change. Inflammation of a serous membrane, if extensive, constitutes a dangerous condition. There is a cavity known as the pleural cavity situated between, and formed by, the pleura pulmonalis and the pleura costalis; here, exuded from the two membranes, is a small quantity of fluid—serum—just sufficient being secreted to lubricate the parts and enable them to move smoothly. When the pleura becomes involved in the inflammatory process, serum ceases to be secreted, and dryness of the membrane takes place, giving rise to the grating or crepitating sound heard on auscultation. This condition soon passes off, and effusion into the pleural cavity and formation of fibrinous bands take place. The fibrinous bands may be found in from two to four days after the disease appears. In pleurisy a certain amount of effusion *invariably* takes place, and treatment is always directed with a view to preventing, if possible, the pouring out of a large quantity of fluid. When a copious flow takes place, it constitutes a condition known as hydrothorax.

*Causes.*—Pleurisy is caused by alternations of temperature, exposure to cold and wet, and by the various conditions which cause pneumonia. It may also be due to the presence of some morbid poison or influence in the blood. During the prevalence of east winds in the old countries people and horses, as well as other animals, suffer from pleurisy.

*Symptoms.*—Like other chest diseases it is usually ushered in with a chill, which soon passes off. The pulse is wiry, the animal stands with his feet out, as in laminitis, and occasionally lies down, but only for a very short time; the animal shows evidence of great pain: he is suffering from what are known as cutting pains. On auscultation the crepitating

sounds caused by the pleural membranes moving over each other can be heard : on coughing great pain is evinced, and the patient suppresses the cough as much as possible. This is called the suppressed cough ; it is a characteristic of the disease, and is a valuable diagnostic symptom. The animal endeavours to keep the chest in a fixed position, and uses the abdominal muscles in the endeavour ; this causes the formation of a well-marked ridge near the flank, easily seen in a gaunt horse. Temperature, as indicated by the thermometer, about  $101^{\circ}$ . In many cases relief is apparently afforded, usually about the third or fourth day, but sometimes as early as twenty-four hours from the commencement of the attack. The animal now stands quietly, and seems to be free from pain ; this is the sign that an effusion of serum has taken place ; and as dryness of the pleural membranes has ceased, the acute pain has in consequence also ceased. In cases where a very copious effusion of serum has taken place, the circulation is found to be greatly affected. In pleurisy, as in pneumonia, the patient stands with the elbows turned out ; percussion, palpation, etc., are not relished on the part of the patient, and give rise to considerable pain ; the breathing is considerably interfered with, the respiration being short and difficult ; a great amount of effusion may take place, rendering the case a hopeless one, without any very well-marked symptom being observed.

*Treatment.*—Sedatives in a pure case of pleurisy can be pushed to a far greater extent than would be admissible in a case of pneumonia. Aconite may be given oftener, and in larger doses. If the pulse is full and bounding, febrifuges are indicated ; and there are no better remedies than potassæ nitras and colchicum. If the pulse is weak, the use of stimulants is indicated : warmth should be applied to the sides in some manner. A very good way is to apply hot water ; the body should be well clothed, and an anodyne



liniment may be applied to the sides. If the pain seems to be very severe, it may be relieved by opii pulv.  $\mathfrak{z}\text{i}$ ., or opii tr.  $\mathfrak{z}\text{i}$ ., to be repeated in four or five hours. If the bowels are constipated, their action may be solicited by enemata frequently repeated; cathartics being neither good nor safe, as sometimes a quarter of an ounce of aloes will act with very great violence and cause bad results. In cases where something must be given to produce catharsis, lini oleum  $\mathfrak{z}\text{viii}$ . may be administered. A good sedative, febrifuge, and diuretic draught for pleurisy is as follows: potassæ nitræ  $\mathfrak{z}\text{ss}$ ., camphoræ  $\mathfrak{z}\text{i}$ ., aqua O.i. Digitalis  $\mathfrak{z}\text{i}$ ., potassium nitrate  $\mathfrak{z}\text{iii}$ ., aqua q.s., is also recommended.

### HYDROTHORAX.

*Definition.*—An excessive effusion of serum into the cavity of the chest. This condition is a result of pleurisy, sometimes resulting from a very mild attack, and even in cases where every care is bestowed upon the animal. Hydrothorax often exists when the practitioner is called in for the first time.

*Symptoms.*—The symptoms are pretty plain. The respirations more or less difficult, short, and laboured, and of the variety known as abdominal. Flapping of the nostrils is a well-marked symptom. A peculiar glassy appearance of the eye is noticeable. The pulse weak and irregular, or intermittent. There is a heaving motion of the flanks, and regurgitation of blood in the jugular vein. On auscultation no sound can be detected in the inferior part of the thorax, but sounds are heard on proceeding higher up. In some cases, bulging of the intercostal spaces may be observed. The animal stands persistently, and soon œdematous swellings appear in the limbs, and extend along the belly. The case may linger for weeks, but if the cavity is one-half or two-thirds full of water, death is the usual termination.

Perhaps several gallons of fluid will collect in the course of a few days—say, from four to ten days—and by pressing upon and interfering with the action of the lungs, seriously interferes with respiration. In cases where copious effusion has taken place, the fluid freely passes from one side of the cavity to the other, there being free communication between the sides, except when closed by bands of lymph.

*Treatment.*—The effused fluid may be got rid of by absorption, or by the operation of paracentesis thoracis. Absorption of the fluid, however, is the best mode of removal, and may often be effected by allowing the animal plenty of good nutritious food, at the same time administering diuretics, as colchicum, potassæ nitras, etc., with tonics, nutritives, and stimulants, as alcoholic liquors, port or sherry wine, champagne, eggs, milk, etc. The system should be supported as well as possible, and generally the fluid will be absorbed and the parts restored to nearly their normal condition.

*Paracentesis Thoracis.*—In all cases where the process of absorption fails to take place, the above-named operation is to be performed, the space between the eighth and ninth ribs being the place usually selected. A small incision is to be made through the common integument, and the aspirator or trocar and cannula used to draw off the fluid. The operation is not so frequently successful among our patients as it is in the human family. It may be that the operation is not performed early enough in a great many cases. It is not at all necessary to draw off the whole of the fluid but just enough to relieve the pressure on the lungs may be taken away. It may be necessary to bandage the wound through which the fluid was drawn off. The after-treatment consists in good feeding, administration of stimulants and tonics, and supporting the strength by every possible means at command.

### PLEURODYNIA.

*Definition.*—A rheumatic inflammation of the walls of the thorax. This condition is sometimes mistaken for pleurisy.

*Causes.*—Exposure to cold and wet, and more particularly if the animal be debilitated from previous disease, etc.

*Symptoms.*—The symptoms are very similar to those of pleurisy. The animal appears to be in great pain; respirations are short and painful; pressure on the intercostal spaces causes the patient to grunt, and evidently produces greater pain than would follow a similar proceeding in pleurisy. One or both sides may be affected. Some writers say that the left side is affected oftener than the right. The circulation is not affected, the pulse being in a normal condition. Auscultation reveals no evidence of internal disease, the sounds being of a normal character.

*Treatment.*—Hot applications to the sides of the thorax are good, as hot water, or cloths wrung out of hot water; counter-irritation, or anodyne applications, as camphoræ, opii tr., tr. arnica mont., partes equales, may be employed, to which ol. terebinth., if desired, may be added. Solicit intestinal action by enemata containing ol. terebinth.

### BRONCHITIS.

*Definition.*—Bronchitis may be defined to be an inflammation of the mucous membrane lining the bronchial tubes; it is sometimes called catarrhal bronchitis. According to whether it attacks the large or small bronchial tubes, is the danger great or small. Bronchitis often occurs in conjunction with pneumonia; there is first heat, and dryness of the mucous membrane, after which an exudate is poured out, which if in the small tubes clogs them up and produces death; but if the large tubes alone are affected, much danger need not be

apprehended. Expectoration does not take place well in our patients. Bronchitis is variously described as acute and chronic—terms which explain themselves; capillary bronchitis, when affecting the smaller tubes; mechanical bronchitis, when caused by the presence of a foreign body, inhalation of smoke, etc. The above are the forms of bronchitis as ordinarily met with. There is also a variety of bronchitis due to a parasite; this is known as parasitic bronchitis.

*Causes.*—The disease may be caused by exposure to cold and wet, extremes of heat and cold, sudden variations of temperature, standing in draughts of cold air, improper administration of medicines—as forcing it down, or giving a draught through the nose, a part passing into the trachea, thence to the bronchial tubes, causing inflammation. A draught should never be administered through the nose. Bronchitis also sometimes supervenes upon an attack of acute indigestion, wherein the animal regurgitates the food, and a small portion of it, escaping into the trachea, finds its way to the bronchial tubes, and sets up mechanical bronchitis. This form oftenest affects the right side on account of the anatomical conformation of the parts.

*Symptoms.*—The disease begins with a chill more or less marked; this is quickly followed by febrile symptoms. There is a husky, somewhat dry cough, disturbed respiration; the standing posture is retained; pulse soft and quickened, and coldness of the extremities. On auscultation, rhonchus may be heard, indicating that the large tubes are affected; or sibilus may be heard, showing that the small tubes are affected. Soon there is a discharge from the nose, which, if yellow, may be received as a favourable omen; however, if the nasal defluxion be of a reddish or rusty hue, it is to be regarded as an unfavourable symptom. The bowels may be constipated, and in the

early stages the urine may be scanty, and of a colour somewhat higher than in health.

*Treatment.*—The patient is to be placed in a comfortable loose-box, well ventilated, dry, and free from draughts. Bathe the nostrils. Medicated inhalations, or simple inhalations of vapour or steam, act beneficially by relaxing and soothing the inflamed tissues, and promote the mucous discharge. Counter-irritation also is productive of much good. In some cases sedatives may be given; such cases, however, are rare. The limbs are to be hand-rubbed and bandaged, and the body judiciously clothed. Constipation, if present, is to be overcome by clysters. Where the cough is very distressing, camphor, belladonna, and digitalis may be given. In the primary stage of bronchitis (catarrhal form), a strong opiate, as *opii tr. ʒi.—ʒii.*, or *opii pulv. ʒi.*, will often succeed in cutting the disease short. Subcutaneous injections of morphia are given by some practitioners, but it is not a commendable practice. Aloes should not be given in bronchitis. *Ol. lini ʒviii.* may be administered in certain cases. The debility which is always present, generally to a remarkable degree in bronchitis, is to be combated by the judicious use of stimulants, and during the period of convalescence tonics may very properly be given, along with a proper quantity of nourishing and easily digested food. Good grooming and exercise, well regulated as to kind and quantity, will usually complete the cure.

*Results.*—Bronchitis may result in a variety of ways, terminating sometimes in pneumonia, chronic bronchitis (thick wind, as it is called in some of the older works), and now and then a case of laminitis follows bronchitis. This is another reason why aloes should not be used in the treatment of this disease. Bronchitis may also terminate in death, or resolution more or less complete, the parts frequently regaining their normal conditions of health and

function, and seeming in nowise impaired by the process passed through.

### PULMONARY EMPHYSEMA.

*Synonyms.*—Asthma, broken-wind, heaves, etc.

*Definition.*—A dietetic disease of a non-inflammatory character, characterized by difficult and peculiar respiration, and the presence of a prolonged and deep cough, known as the broken-winded cough.

*Pathology.*—The pathology of broken-wind is not as yet fully understood, being more or less hidden in obscurity, the theories regarding it being many and speculative. On making post-mortem examinations of broken-wind, it is usual to find vesicular or interlobular emphysema of the lungs. The emphysematous condition, however, is the result, and not the cause of the disease. The trouble, in all probability, originates in the digestive system, from the use of bad food, or other causes; the digestive organs become deranged, causing indigestion and irritation of the pneumogastric nerves, which send branches to the lungs. The perverted nervous influence, thus reaching the lungs, causes spasmodic contraction of the muscular tissue of the air-cells, followed as a matter of course by a decrease in size of the cell itself. This condition is followed in course of time by dilatation and rupture of the air-cells, constituting pulmonary emphysema. There may be a few cases in which the lesion of the pneumogastric nerve occurs as a result of pneumonia, bronchitis, etc.

*Causes.*—Broken-wind, as before stated, may be caused by injudicious feeding, or by a supply of bad food, or bulky or dusty food of any kind, as clover hay, the stomach being kept in a state of distension. Cold may also exert a certain amount of influence in the production of broken-wind—allowing an animal to run out all winter, exposed to cold

and wet, and feeding on coarse, bulky, innutritious food, as straw, etc. Severe exertion when the stomach and bowels are full has a tendency to cause broken-wind; however, if the system generally is in good condition, severe exertion will not produce the disease.

*Symptoms.*—The breathing is interfered with, and is quickened; slight heaving of the flanks can be noticed, even when the animal is standing quietly, but is augmented and better marked after exertion. The breathing is peculiar, inasmuch as the inspiratory act is regular and performed smoothly and easily, while expiration is difficult, and is accomplished in a more or less violent manner, and by a sort of double effort, giving rise to the peculiar bellows-like movement of the flanks. Another well-marked symptom which is always present, and constitutes a valuable diagnostic test of broken-wind, is a loud, prolonged, very deep, and sonorous cough. When an animal coughs two or three times every morning for several months, it is to be regarded as a suspicious case, and one liable to degenerate into a case of broken-wind. Horses affected with this disease are, as a rule, ravenous feeders, and are in many cases possessed of deep and pendulous bellies, and are frequently troubled with flatulency. It is not so very long ago that an artificial anus was recommended for the purpose of getting rid of the flatus. Under certain circumstances, all of the above symptoms may become aggravated and increased in intensity. Frequently a broken-winded mare will fail to breed. Cases very much resembling pneumonia have occasionally come under observation. This form is to be met with in pregnant mares, and is doubtless caused by pressure of the foetus upon the respiratory organs; but the pulse and cough will undeceive.

*Treatment.*—If it is a well-marked case, a cure cannot be performed; but even the worst cases of broken-wind may be

benefited. The animal is to be carefully dieted, the food being of the best and cleanest, and must be absolutely free of dust. Pure water, as well as food, is to be given in well-regulated quantities. Distressing symptoms may be relieved by giving a laxative, followed by sedatives, as hydrarg. subchlor., camphoræ, opii pulv., digitalis. āā. ʒss., a couple of times a day. The use of the following is also attended with benefit: Acid. arsen., grs. ii.; ferri sulph., ʒi. Nerve-stimulants, as strychnia or nux vomica in the usual doses, are also of use. The hay should be free from dust and dampened; clean straw is far preferable to dusty hay. Aquæ calcis, in conjunction with ol. lini, may be given as being antacid and laxative; antim. tart. is very useful in many cases. But medicinal agents will do no good whatever unless assisted by a rigid adherence to the regulations as to diet, etc., as above set forth. If the disease is taken in time and properly treated, a cure can in many cases be effected. Dick's prescription is the leading one, and probably the best. In the treatment of broken-wind, potassium bicarb. and arsenic are sometimes given in combination. Fowler's solution is also used.

A horse possessing a round chest and largely developed organs of digestion is more liable to become broken-winded than a horse of different conformation. Unscrupulous dealers frequently administer lead pellets, large doses of oil, etc., which, by acting mechanically, relieve the symptoms for the time being, and enable the owner to sell the animal. An animal is often kept short of food, the same purpose, that of deception, being thereby effected. All suspected animals should be allowed to stand quietly all night, heavily fed and watered on the following morning, when by sharp exercise the fraud may be readily exposed.

**Spasm of the Diaphragm.**—This condition necessarily



interferes with respiration to a considerable extent, and is sometimes mistaken for palpitation of the heart.

*Causes.*—Slight or severe exertion will cause it, if the animal is not in a fit condition. The most common cause is violent exertion; consequently the condition is of most frequent occurrence among horses of fast work, as trotters and runners. Driving an animal for several miles pretty freely will also cause it; and more especially if the animal is debilitated or out of condition.

*Symptoms.*—The symptoms of spasm of the diaphragm are plain. Respiration is difficult; a thumping sound is heard, but posterior to the region of the heart, and more violent and severe than palpitation; flapping of the nostrils, and perhaps death, the immediate cause of which is pulmonary congestion, or cessation of the heart's action.

*Treatment.*—This is much the same as in colic. Give stimulants or opiates in the usual quantities; clothe the patient; give enemas, with ol. terebinth. After having suffered once, a horse is more liable to subsequent attacks than an animal that has never suffered. To prevent, endeavour to improve his condition.

**Rupture of the Diaphragm.**—This lesion may occur without producing immediate death of the animal.

*Causes.*—Rupture of the diaphragm most generally occurs as a result of acute indigestion; the stomach and bowels become distended with gas, press upon the diaphragm, and when a paroxysm seizes the animal, causing him to throw himself violently about, rupture takes place. It may also be caused by putting the animal to violent exertion immediately after a full meal.

*Symptoms.*—The condition is very difficult, or almost impossible, to diagnose. Cases are related in which symptoms of great pain were manifested, and in which frothy spume and bubbles issued from the nostrils.

*Post-mortem.*—If well-marked extravasation of blood is found to have taken place, it is to be received as evidence that rupture of the diaphragm took place prior to death; in the absence of any extravasation of blood, we may conclude that rupture occurred subsequent to death.

*Treatment.*—Rupture of the diaphragm admits of no treatment whatever.

### PLEURO-PNEUMONIA.

*Definition.*—This disease may be defined to be an inflammation of the pleura and lung-substance.

The disease occurs in an epizöotic form, and is considered to be contagious, or non-contagious, according to the circumstances under which it occurs. According to Professor Williams, the disease has also been called 'typhoid-pneumonia,' a name, however, which cannot be regarded as a very suitable one.

Strictly speaking, the form of pleuro-pneumonia affecting the horse as it occurs in Great Britain is rarely seen on the American continent.

*Causes.*—The causes of pleuro-pneumonia are exposure, contagion, epizöotic influences, etc. It also very frequently follows influenza, and is characterized by a low form of fever.

*Symptoms.*—Usually the first symptom to attract observation is a slight dulness, which becomes better marked as the disease progresses; the appetite fails, and the patient retains the standing posture. The extremities are alternately hot and cold. Cough, abdominal breathing, great debility, and a quick pulse are present.

*Treatment.*—Treatment should consist in allowing the animal complete rest, clothing the body, stimulating applications to the sides of the thorax, and the administration of stimulants and febrifuges, as æth. nitrici et spts. ammon. aromat. āā. ʒi., aquæ q.s. The patient's strength should be

supported by the administration of milk and eggs, stimulants, etc. Sedatives are inadmissible.

## CHAPTER II.

### RESPIRATORY DISEASES OF THE OX.

**Catarrh.**—This affection, while not so frequently occurring amongst cattle as in the horse family, is at the same time a very common disease. It consists of an irritation, or inflammatory condition of the mucous membrane lining the nasal cavities. If the case be allowed to continue, or be neglected, or improperly treated, the inflammatory condition will extend and result in bronchitis, etc. One reason why it is not so common amongst cattle as amongst horses, is that cattle stand foul air and confinement, poor food, etc., much better than the horse does.

*Causes.*—The causes of catarrh in the ox are similar to those producing the disease in the horse, as exposure to cold, dampness, alternations of temperature, etc.

*Symptoms.*—The disease is ushered in with a chill, the muzzle is dry and hot, horns may be cold or hot, weeping of the eyes, back arched, mouth hot; soon there is a nasal discharge, and other symptoms similar to those of the same disease in the horse.

*Treatment.*—Laxatives may safely be administered to the ox in this affection, and undue constipation may be overcome by their use. Clysters may also be used to good advantage. The nose should be kept clean by bathing or sponging. Stimulants, as nitrous ether, ammonia, etc., should be given. The animal should be housed in warm, dry, comfortable quarters, etc., the treatment being about the same as that employed for the horse.

Catarrh also occurs in a malignant or chronic form, and is then known as **Malignant Catarrh**. It is caused by bad

feeding, debility, etc., and shows a great tendency to extend up into the sinuses, which are of great size in the ox, running up and extending into the flints or external orbital processes, and up to the frontal crest.

*Symptoms.*—The symptoms vary in accordance with the part or parts affected. There is a nasal discharge. When the external orbital process is affected, the head is carried on one side; on tapping the root of the horn, pain is evinced; a bulging out may also be observed at the root of the horn, or there may be a bulging of the sinus.

*Treatment.*—Trephine at the root of the horn, and allow the contained pus to escape, and it may be necessary to remove the horn in cases where it is diseased to a considerable extent. This disease is what gave rise to the imaginary disease of hollow-horn, which exists only in the imagination of ignorant people. As a matter of fact the horn is always hollow, and the older the animal becomes, the more the hollow within the horn increases in size. After trephining, inject and keep the diseased parts clean, using tepid water for the purpose. Tonics and stimulants, with a nourishing diet, good nursing, etc., will usually complete the cure. Occasionally as much as a quart of foetid pus may be contained within the sinuses. In well-bred cattle this accumulation of pus is in all probability connected to a certain extent with tuberculosis.

*Laryngitis.*—This disease, as it occurs amongst cattle, is about the same as in the horse, and presents about the same symptoms, and requires the same treatment, except that medicinal agents are to be administered in slightly larger doses; and counter-irritants, to take effect on the thick skin of the ox, must be made considerably stronger than those prescribed for the horse.

*Pharyngitis.*—This disease seldom exists as an independent affection, being usually associated with laryngitis, con-

stituting laryngo-pharyngitis. Cause, symptoms, and treatment, about the same as above recommended for laryngitis.

**Bronchitis.**—Inflammation of the mucous membrane lining the bronchial tubes.

*Causes.*—Exposure to cold, inhalations of smoke, etc.

*Symptoms.*—Wheezing, difficult breathing, husky cough, hide-bound, staring coat, accelerated pulse, generally lies down, etc.

*Treatment.*—Place in a warm, well-ventilated place; give stimulants and an aperient, as æth. nitr., spts. ammo. arom. āā. ʒi., ol. lini ʒvi.—ʒviii., or mag. sulph. ʒviii.; clothe the body, use counter-irritants, and nurse well.

### PLEURO-PNEUMONIA CONTAGIOSA.

This disease exists to a certain extent in several of the Eastern States of America, as New York, New Jersey, Delaware, Maryland, Pennsylvania, and in the neighbourhood of the city of Washington; it has prevailed more particularly about Long Island, and has recently been reported to exist in Ohio, Kentucky, and Tennessee; but is unknown in the far Western States of America, or in the Dominion of Canada. The disease has long prevailed in Eastern countries, and has inflicted untold losses upon the people of those countries. Pleuro-pneumonia has been known in Central Europe for more than two hundred years, but was confined to one part for a long period. War, however, occurring, caused it to become pretty widely spread; and owing to the increase of commerce and traffic it has since become spread far and near throughout the countries of the earth. It invaded Russia and Holland in the year 1802; Prussia, in 1824; England, in 1841, where it has never since ceased to exist to a greater or less extent. This disease was first recognised in Australia and the United States in the year 1843.

*Definition.*—Pleuro-pneumonia Contagiosa is a contagious

disease of a specific character peculiar to the bovine race, and may occur in an acute, or in a sub-acute form. It is of a very insidious character: whole herds frequently becoming affected before the presence of disease is recognised.

Some of our best authorities consider it as a fever, which tends to localise itself in the lungs, causing in those organs the well-marked changes of effusion, inflammation of the lungs and pleura, solidification of the lung-tissue, and gangrene.

*Causes.*—Contagious pleuro-pneumonia is due to contagion in every case, the contagious principle being supposed to gain access to the system by means of the organs of respiration. As a proof of this, portions of diseased lung, etc., have been administered to healthy animals without producing the disease. It is sometimes a matter of difficulty to trace the disease to a contagious origin, and on this account some writers do not believe that it is always due to a contagious principle, but favour the theory of spontaneous origin. However, there can be no reasonable doubt of the disease being caused by contagion in all cases.

*Symptoms.*—The first stage may continue during a period varying from two to eight weeks, the first symptom being an increase of temperature. This is succeeded by anorexia, and derangement of the circulatory system, the pulsations increasing in number. There is a short, weak, and husky cough, which is very characteristic of the disease, and is easily recognised by those of considerable experience. If in a cow, there is observed to be a considerable decrease in the quantity of milk secreted. The animal is hide-bound, the coat being unthrifty in appearance, and a gradual reduction of flesh takes place. Auscultation reveals a grating sound. The animal may now show signs of improvement and ultimately recover, or the disease may proceed to the second stage, the pulse becoming quicker and weaker, the muzzle hot and dry. No sound is heard on auscultation. The

animal may assume the standing or a recumbent posture. If the latter, he lies pretty well upon the sternum. Rigors are observable, and soon a peculiar grunt is heard during expiration. Rumination entirely ceases, and a slightly tympanitic condition may occur. In some cases there is an offensive diarrhoea, grating of the teeth, gangrene of the lungs, and death. Young animals are more subject to the disease than old animals.

*Post-mortem.*—On a post-mortem examination, the interlobular tissue is found to be principally involved. Exudation and hepatization have taken place. The lungs have become consolidated and very heavy (much heavier than they become in the sporadic form), and will sink on being placed in water. The lungs present a peculiar marbled appearance. This appearance also occurs in the sporadic form, but not nearly to the same extent. The pleura is also involved, and effusion of serum into the pleural cavity has taken place. A circumscribed portion of lung may be found dead and encysted, having been in that condition perhaps for a year, or several years, and the animal at the same time remain in pretty good condition. The affected structure is very friable, and is easily broken down with the fingers. Softening of the lung-tissue is sometimes found, even proceeding to suppuration more or less extensive. The contagion is said to be both fixed and volatile. It may be distributed throughout a whole building, or through the atmosphere in the same manner as small-pox. This is the volatile form. It is said to be most powerful during the first, or febrile stage of the disease. Stables are not safe to put healthy cattle in for several months after being occupied by diseased animals. The disease has been produced in healthy animals by allowing them to run upon pastures three months after diseased cattle have ceased to occupy them. Hay soiled by infected animals has also produced

the disease three months afterwards. The incubatory stage of pleuro pneumonia is from fifty to sixty days in duration. The loss by death among affected animals varies from thirty to eighty per cent., and those animals recovering are considerably depreciated in value. The use of the flesh of an infected animal as human food does not appear to exert any prejudicial effect whatever: at the same time, its use as human food is not to be recommended. The disease is spread in various ways, as by trains, boats, etc. In England large numbers of cattle have died of pleuro-pneumonia during the last ten years, the same disease causing in Holland a yearly loss of about fifty thousand cattle. Animals that have suffered and recovered are free from a second attack, according to all the recorded observations on this point. This is strong evidence that the disease is a fever.

*Treatment.*—As treatment is not advisable, prophylactic measures alone will be referred to. As soon as the presence of pleuro-pneumonia is detected, the diseased animal, or herd of animals, should be strictly isolated from all other cattle. The only proper method of dealing with pleuro-pneumonia consists in stamping out the disease by a system of extermination. It has been estimated by an eminent authority that the American Government could effect this object in the United States in the course of a year at a cost of about fifteen million dollars, the chief difficulty being that the various State laws interfere with this object, as they conflict with each other; and the eradication of pleuro pneumonia can never be effected until the importance of such an object is recognised by the national Government and is made a national affair.

*Inoculation.*—This has been practised for a number of years, some experiments being practised twenty-five or thirty years ago, but not with much success. The subject of inoculation has, however, been revived and recently placed



before the profession in a prominent light by Rutherford of Edinburgh, who regards the disease as an eruptive fever, with a tendency to localise itself in the lungs. Inoculation does not produce the disease, but produces a fever which is easily overcome, after which the animal is safe from pleuro-pneumonia. The animal may be inoculated at any season, but the most suitable time is during the months of June, July, or August. The method of inoculation is as follows. The virus is obtained from an animal that has recently died of the disease. A small opening being made into the diseased lung, lymph exudes into the cavity. This lymph, which should be perfectly liquid, clear, and free from frothiness or viscosity, contains the contagious principle in a well-marked degree. The hair is to be clipped from the tail of the animal to be inoculated for a space of about four inches, after which a seton needle is to be inserted beneath the skin, under which it is to be passed along for a distance of three or four inches, then out, having drawn after it a piece of worsted thread saturated with the diseased lymph or virus mentioned above. About the third or fourth day afterwards there is observed irritation of the part, and swelling in a well-marked degree. Sulph. flor. is administered in small doses as an alterative. About the ninth or tenth day the temperature is heightened, and, if a milch cow, the secretion of milk becomes impaired. Some of the untoward results of inoculation are death (which occurs in a very small percentage, about two per cent. of the inoculated animals dying) and loss of a portion of the tail. In some cases it is advisable to remove a portion of the tail with the docking shears.

**Pleuro-pneumonia Sporadic.**—This form of pleuro-pneumonia is caused by draughts, exposure to cold and wet, sudden changes of temperature, foul air, etc.

*Symptoms.*—There is an increase in the number of

respirations, which are also more difficult than usual ; the pulse becomes quickened. The animal stands a portion of the time ; when lying down, rests well upon the sternum. The temperature becomes elevated ; dryness of the mucous membrane lining the nose is observable. During the early stages, muzzle hot and dry. Soon there is observed a nasal discharge. Percussion, while of some assistance in arriving at a diagnosis of disease in the ox, is not nearly so great an aid as when employed in the diagnosis of equine ailments. A better marked râle, however, is found in the ox than in the horse.

*Treatment.*—Counter-irritation, as an adjunct in the treatment of this disease, cannot be too highly spoken of. Large doses of purgative medicines are to be avoided. If constipated, the action of the bowels should be solicited by clysters, or a mild aperient draught. The rest of the treatment is the same as recommended for the horse.

**"FILARIA BRONCHIALIS"—HUSK—HOOSE—  
PHTHISIS VERMINALIS—PARASITIC BRON-  
CHITIS, Etc.**

The above are a few of the names applied to a parasitic disease affecting sheep and cattle. The parasite usually found causing the disease in cattle is known as the *strongylus micrurus*, whilst in sheep the *strongylus micrurus* and the *strongylus filaria* are both found ; young animals are more susceptible, and suffer with the disease much more commonly than do adult animals. The parasites may become encysted in the lung-tissue : in such a case they do not appear to be productive of much harm ; on the other hand, when free, they may do very great harm. The ova, occurring in the food or water, gain access to the stomach during the process of eating or drinking. After reaching the stomach, the embryo is set free, enters the circulation,

is carried to a particular part, and there remains; no part of the animal's body is secure from parasitic invasion. The above-mentioned parasites are developed to a considerable extent in the lungs. This disease prevails on both sides of Lake Erie, and to a considerable extent in the State of Ohio, and the dominion of Canada. It is most common in low-lying districts and in wet weather, every now and then, during wet seasons, well-marked outbreaks of the disease occurring.

*Symptoms.*—Frequently the first symptom noticed is the peculiar cough, which becomes increased in frequency and severity by excitement, or exertion on the part of the patient. The circulation is not affected much. The appetite is impaired, and there is a discharge from the nostrils. Sometimes the parasites may be readily detected with the naked eye, and by the use of the microscope can in all cases be discovered in the discharge.

*Treatment.*—Change the animals to higher and dryer locality, and use remedies to destroy the parasites, as *ol. terebinth.*  $\text{ʒii.}$ , *ol. lini*  $\text{ʒviii.}$  The inhalation of choline gas will also kill the parasites. Place three or four of the affected animals in a loose-box; the chlorine gas may be generated by pouring sulphuric acid over a mixture of sodium chloride and manganese black oxide. When the animals begin to cough, liberate them. Sulphurous fumes are also very safe and effectual. Afterwards give a generous diet, pure water, tonics, etc.

### INFLUENZA.

*Definition.*—Influenza may be defined to be a disease of a specific character, showing well-marked catarrhal and febrile symptoms, and often involves many organs of the body, as lungs, heart, liver, respiratory system, and the fibrous tissue of various parts of the body. It is due to the presence of a

poison in the blood, but it is difficult to say what that poison consists of, and equally difficult to decide whether the morbid principle is generated within the system, or gains access to the system from without. The great nerve centres, the brain and spinal cord, are often affected, the pericardial sac also is frequently affected. The disease is most prevalent in spring and autumn, but in some years it appears in an epizootic form. It prevailed to a great extent in Canada in the winters 1867-68. Another great outbreak occurred in 1872, beginning at Toronto. Scarcely a young horse comes into the city without becoming affected by influenza—particularly was this the case during the winter of 1878. The name influenza was applied on account of some influence the stars were supposed to exert over the disease. All animals are liable to its attacks.

*Causes.*—Influenza is in all probability primarily and most frequently caused by some atmospheric influence, but is often excited by quartering animals in badly drained and poorly ventilated stables. Animals receiving an insufficient supply of food, in this case also, are more predisposed to the disease. Experience tells us that if an animal is forced to breathe bad air during the greater part of the night and day, he is more susceptible to disease, no matter how well fed he may be, than an animal breathing pure air.

*Contagion.*—There may be contagious influences, and I am inclined to think that influenza is a contagious disease under certain circumstances, as, for instance, where large numbers of horses are kept crowded together in large stables—some stables being perfect hotbeds of influenza. A very healthy animal may resist the influence entirely, or at all events for a long period. The disease, so far as I know, has never been produced by inoculation; it occurs in the most severe form in large cities, and especially in underground stables, where, as a matter of course, the ventilation

must be imperfect. The coarse breeds of horses are more susceptible, and suffer more when attacked than the light breeds.

*Symptoms.*—The symptoms of influenza vary considerably in intensity and form. This is on account of the disease attacking different parts at different times. Any organ or organs may be attacked, and as a matter of course, the leading symptoms depend upon and are governed by the organ, or set of organs, most severely affected. Dulness is the first symptom observed, the animal appearing languid, and in many cases the slightest exertion will cause him to sweat freely. The coat is staring, and the animal has an unthrifty appearance generally. A slight cough is heard now and then. The circulation is not affected, neither is the temperature increased at this time; but of course both temperature and circulation become affected as the disease progresses. The appetite is gone or impaired. The mouth is hot and dry. A slight rise of the animal heat takes place. The cough increases in frequency and is easily excited by pressure over the region of the larynx, as in a large majority of cases the respiratory organs are affected. The urine is scanty, and the bowels are costive, the fæces being hard and slimy, and some of the constituents of the urine are increased in quantity. The pulse runs up, except when the nerve centres are affected. More decisive symptoms now appear. When made to walk out, the patient reels and staggers, and appears to be very weak; the staggering gait occurs in consequence of the poison in the system affecting the nerve centres, and is not the result of debility. The patient also acts as though suffering from headache, and there is good reason to suppose that such is the case. In many cases the breathing becomes affected; this is best noticed by watching the nostrils, as the abdominal breathing one might naturally expect to see is not present.

If the lungs or bronchial tubes become affected, all the ordinary symptoms, as râles, crepitation, etc., are manifested. At this stage there are certain external appearances or symptoms made manifest, as, for instance, the legs may be cold, and in an hour afterwards hot, or there may be one hot and the others cold; this is symptomatic of fever. Great debility is a prominent symptom. In other cases we notice the mucous membranes affected, first being injected, reddened and dry. This is followed by a discharge from the nostrils, which is a favourable sign if of a yellowish colour, and now the patient usually does well; if the nasal discharge is of an iron-rust appearance, it should be viewed with great suspicion, as it is evidence that the bronchial tubes are affected to a great extent, and death may take place. In conjunction with the nasal discharge there is usually a flow of tears from the eyes. In some cases the difficulty in breathing becomes increased, cold sweats break out, the animal wanders round the box in almost an unconscious condition; a brownish discharge flows from the nostrils, and the pulse becomes fluttering and irregular, or intermittent. Where such symptoms are presented the case may be regarded as an almost inevitably hopeless one. Sometimes the liver is affected. When it is, there is a yellowish tinge of the mucous membranes, abdominal pain may be experienced by the animal, and is manifested by the usual symptoms; this is known as enteric complication. In case enteritis sets in, of course a fatal termination is very likely to occur. The administration of aloes in this disease is contra-indicated as being liable to produce undue catharsis. The complications referred to above as enteric complications may more appropriately be described as abdominal complications. In some cases œdematous swellings of the legs occur, and of the sheath, if the patient be a male. If these symptoms are

found in the latter stages of the disease, accompanied by a quick intermittent pulse, it is a bad sign ; on the contrary, if we notice cedematous swellings on the second or third day, early in the disease, with an unchanged pulse, the lungs not affected, etc., the chances of recovery may be regarded as good, the cedematous swellings being evidently nature's method of affording relief, tending to relieve the fever to a great extent in connection with some other part. Many cases of influenza terminate in pneumonia, pleurisy, effusion, etc. When the lungs become affected the animal persistently stands, the breathing becomes difficult, the pulse quick and weak, and in a short while a nasal discharge occurs. The appetite is completely lost in most cases, yet a cure may be effected by proper and energetic treatment. A sub-acute inflammation of the lungs is likelier than any other form to follow influenza, for the reason that the nerve centres, being depressed, allow effusion to take place very easily from the weakened vessels, and in such a case the animal may lie down when greatly weakened. On lying down, the respirations increase in number and difficulty. However, the patient should be allowed to remain down so long as the breathing is not too difficult ; he should be carefully watched, to see that he does not get under the manger, or otherwise become entangled and hurt himself.

*Results.*—The diseases most commonly resulting from influenza are pneumonia, pleurisy, purpura hæmorrhagica, and rheumatism. It is said that glanders and farcy also occur as results of influenza ; but such a termination as glanders is very rare. When it takes on the rheumatic form the symptoms are as follow : The animal, perhaps, has had influenza for eight or ten days, and seems to be doing well, when it is discovered that he has suddenly and unaccountably become lame, in perhaps one or more fetlocks. In a day or two it may be known that the trouble

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is rheumatism, as it involves the articulations, and the fetlock oftener than any other articulation. Rheumatism often occurs as a sequel to a comparatively mild attack of influenza, and may be due to the surroundings of the patient, or from the poison being retained in the blood. Sometimes it affects the hock-joint; at other times the sheath of the flexor tendons is more particularly affected, or the pericardial sac may become affected, and death result. It is a very insidious disease, as the animal does not appear to be much affected until beyond reach of all human aid.

*Treatment.*—The treatment of influenza is generally very satisfactory if taken in time. It is a well-marked fever, and fevers always run a certain course; hence we must direct our efforts to enable or help nature to throw off the disease, and support the animal while the disease is running its course. If we cut, or attempt to cut, the fever short, we do it at the expense of the patient's life. The importance of placing the patient in a well-ventilated loose-box cannot be over-estimated. Clothe the body according to the season. Horses are often lost through not clothing them properly. Hand-rub and bandage the legs. It should be borne in mind that the patient is not to be kept warm by closing up the doors and windows of his box; on the contrary, while draughts should be avoided, the doors and windows are to be thrown open to allow an abundance of fresh air to enter, and keep the animal warm by clothing properly.

Medicinal remedies, as a rule, are those that tend to support the system and assist nature to throw off the disease. The preparations of sodium and potassium are indicated, particularly potassium chlorate, which is probably the most important of all medicinal agents used in the treatment of influenza;  $\text{Zii.}—\text{Ziii.}$  doses may be given in the drinking water, or in a draught. If the throat is



involved, great care must be observed in administering draughts. Give plenty of cold water, and encourage the animal to drink it. If I were compelled to make a choice of one agent, to the exclusion of all others, with which to treat influenza, I would choose potassæ chlorat.; the administration of which should be continued for five or six days, until by increased appetite, improved pulse, the animal becoming brighter, etc., it becomes evident that nature is getting the better of the disease. In acidity of the stomach, sodæ carb. is to be given; and as stimulants, liq. acet. ammon.  $\zeta$ ii.— $\zeta$ iii. in water, or alcohol, beer, whisky, wine, etc., in the usual quantities may be given. Some veterinarians recommend the use of milk to sustain the animal, but this description of food is not suitable for the horse, and if he has any appetite at all he should not be given milk or eggs—the food should be of a nutritive and laxative character; however, if the appetite is very poor, anything he will take may be given, as a nice bit of hay, a carrot, or an apple. The judicious use of stimulants is to be persevered in; and, in this case, I think a good alcoholic stimulant, as good old whisky, is the best of all stimulants. Beef-tea is also recommended. In the convalescent stages use tonics, as iron, gentian, etc., but do not overdo stimulation, or the administration of beef-tea, milk, eggs, etc. Occasionally a case is met with where a sedative may be of use; but this is very rarely. Belladonna, hydrarg. subchlor., opium, and digitalis, etc., have all been recommended, but close observation of the results obtained tends to prove that they are not of much benefit except for the cough. If the throat is sore, fomentations or applications of the ammoniacal liniment should be tried, or cantharides tr., mustard, etc.; and in an exceptional case it may be necessary to use hydrarg. iodidum rubrum, especially when strangles and influenza co-exist, and an abscess is forming.

If the lungs are affected, blankets wrung out of hot water, mustard, etc., may be applied to the sides of the thorax; but severe counter-irritation is not to be recommended. If costiveness is present, use injections, or ol. lini  $\text{ʒvi.} - \text{ʒviii.}$ , or aloes bb.  $\text{ʒii.}$ , may be given. In abdominal complications, when colicky pains are present, opii pulv.  $\text{ʒi.}$ , or opii tr.  $\text{ʒi.}$ , may be given; or a hypodermic injection of morphia may be given in certain cases; but as a rule they are objectionable, as they cause too great depression. Great benefit sometimes accrues from steaming the throat; when convalescing, ferri sulph. and chloride, quinine, potassæ iodid., etc., may be used; and good grooming is an excellent aid to recovery. Potassium iodid. is useful in the hepatic complication. Formerly, when bleeding was so much practised, influenza was attended with very great fatality.

### CHAPTER III.

#### STRANGLES.

*Definition.*—An eruptive fever peculiar to the horse, usually affecting the organs of respiration to a greater or less extent, with the formation of a hard tumour in the sub-maxillary space. It is peculiar to youth, generally attacking animals from two to six years of age; yet it may occur in a sucking colt, or in a horse twenty years old. After occurring once in a well-marked form, it never again attacks the same animal. The disease was first called strangles by Gervase Markham, a couple of hundred years ago, and received the name on account of the urgent symptoms of strangulation manifested. Strangles, so far as I know, is peculiar to the equine race, and does not attack any other species of animal. The areolar tissue is the first to become affected. The tumour forms sometimes in the groin, behind the shoulder, and not unfrequently in the

intestines, or mesentery, usually close to a ganglion of lymphatic vessels; this is known as the irregular or malignant form of strangles, and is often very troublesome and dangerous—as in cases where the tumour forms in the mesentery or other situation, where it is extremely difficult, or even impossible, to get at it. Sometimes an animal, while appearing to be in a perfectly normal condition otherwise, will be noticed to move stiffly, and on examination a tumour will be found on the inside of the thigh. A very large majority of horses suffer from the disease. Some horses escape it altogether; but such cases are few and far between.

*Causes.*—It is claimed by some that during early life there is an excess of white corpuscles contained within the blood, and that this excess is got rid of by the various changes produced by strangles. It is also supposed to be due to the process of dentition; however, it is a difficult matter to say definitely what the cause is.

*Contagion* is said to be a common cause, and I am of the opinion that it is contagious under certain circumstances, but I do not consider it as a very highly contagious disease. It often runs through a stable, affecting every animal in it; still, such an occurrence does not constitute absolute proof that the disease is a contagious one. It is claimed that strangles has been produced by inoculation. Atmospheric conditions may possibly have something to do with its production. Certain influences, as impure air, poor keep, or anything that tends to debilitate, certainly have a tendency to aggravate, if not actually produce, an attack of strangles. It may occur at any season of the year, and very often occur on bringing a horse into the stable in the spring, after allowing him to run out in the barn-yard or straw-yard during the winter—occurring in such a case as the result of change of temperature, a change from a cold place to a warm place producing the disease more readily

than the opposite change. Some writers have likened it to scrofula, but I have no faith in any such theory.

*Symptoms.*—The symptoms of strangles, in an early stage of the disease, are frequently somewhat similar to those of catarrh. Sometimes for days or weeks before the acute symptoms of the disease are manifested, the animal appears dull, languid, and weak, perspires on very slight exertion, is easily fatigued, and the appetite is impaired. If an animal three or four years old presents the above symptoms, it is frequently said that he is 'breeding strangles,' and no doubt he is. The first decided symptom is that of difficult deglutition, and an elevation of temperature takes place. The head is kept in a stiff position, and on attempting to turn him, it is seen that he moves around with difficulty. The pulse is usually weak, coat staring, bowels constipated, and the fæces covered with mucus. Salivary secretion is largely increased. A careful examination should be made, as an increased flow of saliva may be induced by the presence of a foreign body in the mouth, carious teeth, etc. Similar symptoms are observed in laryngitis, but soon in strangles there is observed the formation of a tumour in the sub-maxillary space. The tumour is at first hard, but enlarges, becomes soft, and finally bursts, or has to be opened to prevent its bursting on the inside. The febrile symptoms are so mild in some cases as to escape observation, and in such cases the formation of the tumour is the first symptom noticed; in other cases the abscess or tumour may possibly attain the size of the closed hand, and at the same time not affect the horse at all, so far as deglutition is concerned. Another symptom sometimes occurring is a discharge from the nostrils. Strangles, like all fevers, runs a certain course, its duration being from eight to ten days, and in twenty days the animal is usually fit to be put to work. In a horse that has been, or is a

roarer, the symptoms are frequently of a very alarming character. If the formation of the tumour be not closely watched, and its contents evacuated at the proper time, it may burst internally, flow into the trachea, and cause death by suffocation. In some cases the animal becomes emaciated, the pulse weak, signs of abdominal pain are shown, and absence of the usual sub-maxillary abscess, etc., is observed. These symptoms are indicative of the irregular, or malignant form of strangles, and the formation of an abscess in some of the viscera. In other cases there are symptoms presented which show that the brain and spinal cord, or nerve centres, are affected. The breathing becomes affected, the appetite becomes impaired, pulse weak, etc., showing the presence of a case of malignant or irregular strangles, in which form I think the abscess will oftenest be found in connection with the lungs, abdominal viscera, and sometimes in the heart. An abscess may form in any part of the body, no organ, or set of organs, being secure from invasion. The abscess, or tumour, as it ordinarily occurs in the sub-maxillary space, varies considerably in size, in some cases being no larger than the end of a man's little finger. On the other hand, it may extend forward even to the lips, or right up to, and affecting the parotid glands. The whole jaw, or even the whole of the head, may occasionally become one mass of corruption.

*Treatment.*—The treatment of strangles, as it ordinarily occurs, is by no means a difficult matter. The patient should be placed in a comfortable, dry, and well-ventilated loose-box. Pure air in unlimited quantities constituting an important part of the treatment of this malady, nature must in every possible way be assisted in throwing off the disease. The animal should be clothed in a judicious manner, and the diet should consist of nutritive and easily digestible food. Febrifuges are indicated, but I do not advise their

employment to the same extent as in influenza. A few doses of potassæ nitras may be administered. In a few days benefit accrues from the use of tonics, more especially if anorexia, complete or partial, is present as a symptom ; but during the early or acute stages of fevers the use of tonics is a practice to be condemned. The patient may be given gentle walking exercise in the sun, and if the abscess is tardy in development, agents to encourage or assist the process must be employed. Hence stimulate with heat and moisture, as the ammoniacal or camphorated liniments, and a cataplasm afterwards. The latter should not be allowed to become cold. Unless it be kept *constantly warm*, it will not only do no good, but will do injury. It is not by any means an easy application to make, and to do it properly requires the employment of a many-tailed bandage, or a hood. In some cases the ungt. hydrarg. biniodi. may be applied in the usual manner, as a vesicant. Whenever fluctuation of the abscess becomes perceptible, it should at once be evacuated, the best instrument for the purpose being Symes' abscess lancet. Care should be exercised not to wound a blood-vessel. In other cases where the development of the abscess is delayed, or its contents fail to effect an outlet on account of thickness of the walls, it is to be opened, using a knife and probe, or director, for the purpose. The pus, in some cases, may be situated five or six inches beneath the surface. A probe-pointed seton needle is a good instrument to use, if the abscess be situated in the brachial region. When symptoms of suffocation are urgent, perform the operation of tracheotomy ; and it is in this disease that we have the best results from tracheotomy. In the convalescent stages sodæ hyposulphite is useful as an antiseptic, when pyæmia is feared. Constipation may be relieved by enemata, and oleaginous draughts. Any attempt to cut the disease short by the administration of purgatives, etc., is fraught with

danger. An animal may in some cases be worked lightly, but it is in all cases a dangerous experiment to put the animal to work until he is fully recovered.

### EPIZÖOTIC CELLULITIS.

This disease affects the fibrous and fibro-serous structures of the body, expending its force chiefly upon the areolar or connective tissue. I consider that it differs very materially from influenza, notwithstanding some of the most prominent English veterinarians regard it as a form of influenza.

*Causes.*—It is difficult to say what the cause is. However, I think it is due to the presence of germs, which have either been generated within the system, or have passed into the system from without. The disease originated in the East and gradually moved Westward.

*Symptoms.*—The first symptom that strikes the attention is a discharge from the eyes, and a reddened appearance of the conjunctiva is observable at the same time. The patient appears dull; the appetite is more or less affected; there is a weak pulse, mouth hot, temperature increased to 103° to 105° Fahr. The eyelids are slightly swollen. The discharge from the eyes assumes a muco-purulent character. More or less oedema is usually observed in connection with the limbs. The swelling may extend along the belly. Constipation is usually present, and the feces are coated with mucus. There may be a cough. The patient becomes very weak, and if put to work, complications may arise and cause death. The disease often shows itself in connection with the ligaments and articulations. The above symptoms persist for three or four days and then subside. The temperature decreases, pulse becomes normal, the appetite returns, and other signs are observed indicating that recovery is taking place. Some horses succumb sooner than others, and stallions especially succumb quicker

than mares or geldings, one reason for which, perhaps, is that stallions, usually being of considerable value, are doctored and physicked to death, and worried by too much attention. Frequently, pregnant mares, on becoming attacked, abort. There may be more or less abdominal pain manifested, according as the areolar tissue in the neighbourhood of the intestinal track is more or less affected. Diarrhoea usually occurs spontaneously, and is to be regarded as a favourable sign. The febrile symptoms are well marked.

*Treatment.*—Epizöotic cellulitis is a very satisfactory disease to treat, and when proper and timely treatment is adopted, the rate of mortality is exceedingly low. There is an increase of fibrin in the blood; hence, nitrate of potassium may be given. Potassium chlorate, on account of its peculiar action on the blood, is contra-indicated. In the treatment of this disease, the animal should be given comfortable quarters, and should be judiciously clothed, and perfect quietude, if possible, should be observed. Cold water should be allowed in liberal quantities; food of a soft kind should be given. If stimulants are needed, the ammon. sesquicarb.  $\mathfrak{z}\text{ii}$ . may be given, once or twice daily, in conjunction with æth. nitrici, in cold gruel. Ol. lini  $\mathfrak{z}\text{vi}$ .— $\mathfrak{z}\text{viii}$ . may be given as a laxative. Some writers recommend aloes, but my experience has not been such as to warrant a recommendation. We find that the disease in many cases has a tendency to cause slight diarrhoea. Where such is the case, it should be encouraged. The eyes and nostrils should be bathed with water, or a mild collyrium may be used for the eyes. However, such a proceeding is of doubtful efficacy, as the discharge from the eyes affords relief, and will cease on recovery of the patient.

*Course, Complications, etc.*—In ordinary cases of epizöotic cellulitis the organs of respiration are not seriously implicated, and in some cases not at all, and in this respect it



differs from influenza. It is also more quickly developed and runs its course quicker than influenza, the duration of the disease usually being about nine or ten days, while influenza lasts from ten to thirty days, and is not nearly so amenable to treatment as the disease under consideration. Epizöotic cellulitis may be complicated with influenza, enteritis, and affections of the lungs, liver, heart, etc., and sometimes terminates in enteritis, etc. The immediate cause of death may be a blood-clot in the heart.

### PURPURA HÆMORRHAGICA.

*Definition.*—An eruptive, non-contagious fever, occurring occasionally as an idiopathic disease, but most generally occurring as a result of some previous disease of a debilitating nature, as strangles, influenza, etc. It is a disease of a septic character, and has been likened to anthrax; and although some of the external manifestations of purpura are very similar to those of anthrax, it is, nevertheless, a disease quite different in character. It cannot be communicated by inoculation. A very great change takes place in the blood, which, losing its usual characteristics, becomes very fluid, and of a darker hue than that of a healthy animal; it is only feebly, if at all, coagulable; the capillary system of the mucous tract is considerably affected, allowing great extravasation of blood to take place. However, any part or parts of the body, as the lungs, nervous system, etc., may be more particularly involved than other parts. The disease is undoubtedly due to a change, or degeneration of tissue within the body, which may be the result of absorption of some decomposing animal matter.

*Causes.*—As before stated, purpura hæmorrhagica occurs as a sequel in most cases to some other disease, and more particularly follows diseases of a very debilitating character, as catarrh, strangles, influenza, etc.: probably follow-

ing influenza more frequently than any of the other diseases named. Filthy and improperly ventilated stables, impure air, etc., highly predispose, and may prove the exciting causes of purpura; and sudden changes, as alternations of temperature while suffering from another disease, as influenza, etc., has a tendency to produce it, as has putting an animal to work too soon after previous disease, and while in a debilitated condition.

*Symptoms.*—Often the first symptom noticed is swelling of one or both hind-legs, usually occurring in the neighbourhood of the hock. On walking the animal out the swelling is observed to disappear; its disappearance, however, is only temporary, as in an hour or so it is again observed, but possibly in another limb. The swelling is very characteristic, appearing as though a cord was tied around the limb in such a manner as to interfere with the circulation. The swelling is due to the extravasation of blood and serum which has taken place. All the visible mucous membranes are covered with patches of ecchymosis, purple in colour, and of various sizes, in some cases not much larger than a pin-head, but growing larger, and often becoming confluent, and causing sloughing of the mucous membrane to such an extent that in some cases the disease might be mistaken for glanders. The pulse varies in character: in some cases being much quickened, while in other cases it is not very much increased in frequency. The slightest change in the weather will produce rigors. The temperature suddenly becomes elevated to about 104°—106° Fahr., and in some cases even exceeds the highest point mentioned. There may be observed swelling of the eyelids, and of the lower lip, which latter is tense and stiff, and has a glistening appearance; the eyelids may in some cases be everted. The swelling may occur in the fore-legs but is more commonly found occurring in the hind-legs. When the

nostrils become swollen, there is considerable danger of death from suffocation. Another characteristic feature of the disease is that the swelling will disappear from one place and reappear in another. The udder, sheath, or any part of the body may slough. When the breathing is interfered with, there is a snuffling sound to be heard, a slight discharge of matter and blood may come from the nose, and, in conjunction with sloughing of the soft tissues, renders the animal a pitiable and loathsome object. There is a loss of appetite, or perhaps inability to take food; the bowels may be constipated, and the urine is of a higher colour than usual, but scanty. Sometimes the external manifestations of purpura hæmorrhagica are entirely absent—such a case, though, is rare. In a horse with a white heel, or leg, the purple spots in the skin are plainly visible; flies will soon attack and fly-blow the sloughs if not closely attended to.

*Prognosis.*—This should be somewhat guarded, as frequently the animal, after getting along satisfactorily for several days, suddenly becomes worse, and dies. The signs of amendment are gradual improvement of the appetite, the circulation becomes regular and increases in volume, the swelling of the extremities gradually subsides, the patient recovering in from ten days to six weeks; the last-mentioned time being generally occupied.

*Treatment.*—Remove the patient from all obnoxious surroundings. He should be placed in a scrupulously clean and dry loose-box, to which fresh air and sunlight have free access. In purpura the products going to form albumen and fibrin are deficient in quantity, hence potassæ chlor. is indicated on account of its peculiar action on the blood, the dose being  $\mathfrak{z}\text{i}$ .— $\mathfrak{z}\text{iiss}$ . daily for the first day or two, then  $\mathfrak{z}\text{ii}$ .— $\mathfrak{z}\text{iii}$ . daily. Ol. terebinth. as a styptic, in doses of  $\mathfrak{z}\text{ii}$ . every alternate day or so, is very beneficial; it also tends to regulate the bowels. Enemas are beneficial,

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and I believe that occasionally a purgative acting nicely on the bowels is of great service; but I do not recommend purgatives in other than exceptional cases, and it should in all cases be an oleaginous one. *Tr. ferri chlor.* may be given in the usual dose. If the patient be weak, alcoholic stimulants may be administered; but ammonia should never be given under any circumstances. As local applications, vinegar, *plumbi acetat.*, etc., may be used; or hot or cold water to sponge the nostrils with. Local applications at best are of doubtful efficacy, but must be made for obvious reasons. Gentle hand-rubbing is very beneficial, severe hand-rubbing being highly injurious. Fomentations are sometimes useful to allay pain just for the time being. In some cases it may be necessary to perform tracheotomy; but the system is so vitiated in the majority of cases of purpura, that as a rule the operation yields temporary relief only, the animal succumbing in the end.

*Scarlatina* is a term usually applied to a mild form of purpura. I have failed, so far, to discover the difference, if any, between scarlatina and purpura, although some writers make a distinction. *Scarlatina*, as affecting man, is invariably caused by infection; while in the horse it is not infectious. The Schneiderian membrane and conjunctivæ are reddened instead of spotted. Sore throat, etc.; treat same as purpura.

#### CHAPTER IV.

#### LYMPHANGITIS.

*Definition.*—An inflammation of the lymphatic glands and vessels. The disease is known by a great variety of names, as 'water farcy,' 'weed,' 'Monday morning disease,' 'shot of grease,' 'big leg,' 'inflammatory œdema,' etc., the last-mentioned not being by any means a bad name. Lymphangitis in the horse is usually confined to the extremities,

and more frequently affects the hind-legs than the fore-legs. The disease is seldom seen affecting more than one limb at a time. The heaviest breeds of horses are predisposed to lymphangitis, as in such horses the absorbent system is far more sluggish than it is in the lighter breeds; and more particularly are predisposed good feeders, with coarse, round limbs. The disease is very common in England and Scotland, and also in every city practice.

*Causes.*—As previously stated, some animals are undoubtedly predisposed to this disease, as heavy, phlegmatic horses, etc.; but the disease may occur in the very best bred horses. A common cause is, after an animal has been used to hard work, allowing him to stand in the stable idle for a few days, and giving at the same time as much food as he had when working; consequently more chyle is formed than can be used, the lymphatic glands and vessels become over-loaded and irritated, inflammation follows, and lymphangitis becomes established. When a horse rests, the quantity of food should be decreased; and in some cases a diuretic should be exhibited. Another cause of lymphangitis is direct injury, as punctured wounds and kicks; and it is sometimes caused by brushing, cold getting into the wound, or the application of some irritant dressing. An exceptional cause is cracked heels. It also sometimes occurs after the animal has suffered with a debilitating disease. In such a case it is due to the breaking-up of tissue; and as a rule in such cases both hind-legs are simultaneously affected. However, we may very properly consider the disease to be a dietetic affection, as it is generally caused by a too stimulating diet, and in this form also occurs in its greatest severity.

*Symptoms.*—The disease begins with rigors, which are sometimes very severe; the animal trembles violently; the mouth is hot; respirations are increased in number; violent febrile symptoms are manifested, the pulse being full and

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bounding, varying from fifty-five to eighty beats per minute. The lameness and swelling vary, but are usually very excessive, often causing the patient to hold the affected limb up from the ground. The swelling usually appears on the inside of the thigh, first involving a ganglion, then a vessel, gradually extending downwards. The swelling, as well as extending in area, becomes increased in size, causing, in addition to excessive pain, great difficulty in moving the limb. On palpation the corded condition of the lymphatic vessel is discovered. The limb is also found to be hot, and on pressure pain is manifested. The inflammation is of the sthenic type; the swelling usually extends to, and involves, the inguinal glands. There may be perspiration about the shoulders or flanks, as a result of the severe pain; the countenance bears a very anxious expression; the patient usually stands, but when the pain is excessive he will sometimes lie down, and cannot or will not rise unless assisted. Constipation is usually present; urine decreased in quantity and heightened in colour, and contains more urea than in health. A well-marked symptom is partial or complete anorexia, generally the latter, and a strong desire for water. If the case is not attended to at once, more or less change takes place; a slight exudate is thrown out, which becomes organized, and on repeated attacks further exudation takes place, becomes organized, and causes further enlargement, finally resulting in a condition known as elephantiasis. A very rare termination of lymphangitis is suppuration. When the disease occurs in the anterior extremities, I do not think it is quite so severe as when occurring in the posterior extremities, although the constitutional symptoms are about the same. When the disease is caused by a puncture of the coronet, the swelling may begin below and extend upwards; but otherwise it always begins above and extends downwards. The symptoms of lymphangitis are

all very plain, well marked, and characteristic of the disease, and should be easily recognised by anyone who understands the condition, or has ever seen a case previously.

*Treatment.*—The treatment of lymphangitis must be energetic and careful. Venesection was much practised at one time, and although condemned by some, and the disease being curable without it, I must say that I think very highly of a moderate depletion, or in some cases (especially if very plethoric) a pretty good abstraction of blood; or a good strong cathartic may be given, as aloes bb.  $\mathfrak{z}$ viii.— $\mathfrak{z}$ ix. Diuretics may also be freely given. Aconite tr.  $\mathfrak{M}$ x.— $\mathfrak{M}$ xv. every four hours should be given to combat pyrexia. Enemas should be frequently and freely employed as a stimulant of peristalsis. Vesicants locally are contra-indicated. The limbs should be judiciously fomented with moderately warm water. This is useful to allay pain by relaxing the tissues, allowing further swelling to take place. The limb should be thoroughly dried after fomenting, and then bandaged, or something applied to retain heat in the part, as a hay-rope, etc. Subcutaneous injections of morphia, or the application of belladonna plasters, may be employed to allay pain. In a few days the swelling will subside, and diuretics may be given to cause absorption of the exudate.

**Elephantiasis.**—As a result of the inflammation occurring in lymphangitis, an exudate is thrown out which becomes solidified. Simultaneously the areolar tissue becomes thickened, and new bloodvessels and nerves are formed throughout the new structure, constituting a condition known as 'elephantiasis.' This condition may occur as the result of one attack only of lymphangitis, but more frequently as the result of repeated attacks of lymphangitis. When the thickening is but slight, it interferes but little with the usefulness of the animal. He is, however, more apt to suffer from an attack of lymphangitis after a previous

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attack than if he had never before suffered. Elephantiasis may also occur as a sequel to a case of grease, more particularly where such has been improperly treated. There may be a varicose or dilated condition of the veins in elephantiasis.

*Treatment.*—A clear case of elephantiasis is incurable. However, the administration of a laxative bolus, followed by diuretics, careful dieting, with good care generally, and the application of cold water and astringents, which tend to strengthen and increase the action of the absorbents, will help the worst cases.

*Edema.*—We are often called upon to prescribe for swellings and enlargements of the legs and body, more frequently the former: say the limbs of a pretty good horse have suddenly become swollen to a slight extent, the interstices of the connective tissue become filled with a serous fluid, derived from the percolation of the watery parts of the blood through the bloodvessels, owing to a weakened condition of the latter. There may or may not be albumen exuded with the fluid. The worst and most obstinate form is that in which albumen occurs in the exudate.

*Causes.*—The most frequent cause of this condition is debility. Compression also is a cause, as, for instance, a tight bandage, causing venous obstruction, and a consequent enlargement of the part. The enlargement oftenest occurs in one or both hind-limbs, and is usually referred to as stocking. Working a horse, and at the same time cutting down the food either in quality or quantity, may also be mentioned as another cause. In other cases it may be due to a debilitated, or poorly fed animal, receiving food of a better quality, and in greater quantities than he has previously been used to. Hence, it will be seen that the trouble may result from two very opposite conditions of the



blood—being too rich, or being too watery. Exposure will also cause it. The swelling may be noticed between the fore limbs, on the chest, extending along the belly, etc.; in fact, no part of the body being exempt. Inflammatory action will also produce it.

*Symptoms.*—When due to debility, or venous congestion, the swelling pits readily upon pressure, and there is no heat or pain in the part. When it occurs as a result of inflammatory action, the part is hard to the touch, will not pit upon pressure, and the presence of both heat and pain is clearly manifest.

*Treatment.*—The treatment of a condition arising from so many different causes must necessarily vary somewhat. If it is the result of debility, the administration of a gentle laxative is indicated, which exerts a beneficial effect by gently acting upon the bowels and stimulating the absorbents. Diuretics are also of considerable service, as potassium iodide  $\mathfrak{zss.}$ , tr. gentianæ  $\mathfrak{z}ii$ . Potassæ nitras with resina may be given. Æth. nitrici, in the usual dose, is often beneficial also. Proper feeding, both as regards quantity and quality, should not be neglected. The local treatment consists of fomentations, removal of the bandages in cases where it is due to tight bandaging, and a judicious use of hot or cold applications according to the season. As a rule, cold applications are the best. Hand-rub and dry the part well, and give gentle exercise, after which a bandage applied so as to maintain a gentle and equable pressure will be found of great benefit. If a bandage be applied improperly, or is neglected, the limb may swell, and, as the bandage will not give way, venous obstruction will be the result, and the condition become aggravated instead of relieved. Astringents are useful, as plumb. acet.  $\mathfrak{zss.}$ , aquæ distil. O.i.—O.ii, or tr. arnica mont. may be used. The animal should be kept from work. Counter-

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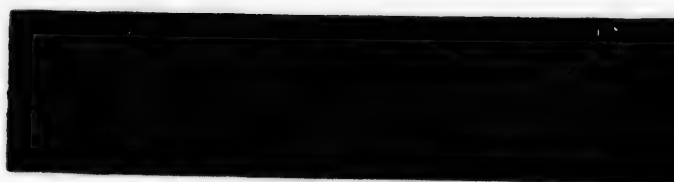
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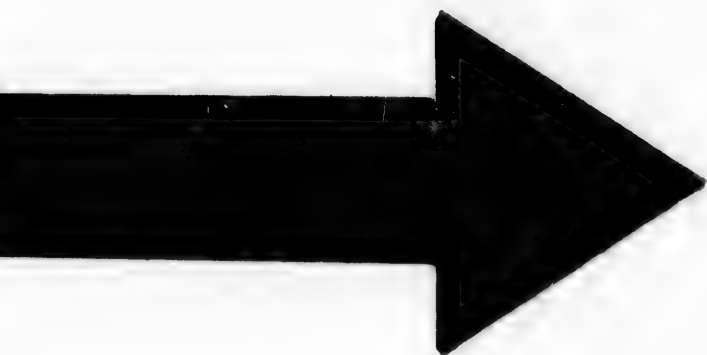
irritants should never be used. Veratrum gr. xx., once or twice daily, is recommended as an absorbent. A run at pasture for a week or two will afford material assistance to medicinal agents. A little exercise now and then is highly beneficial.

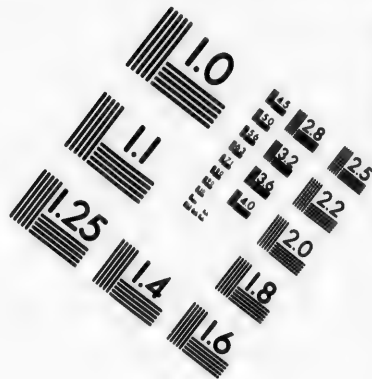
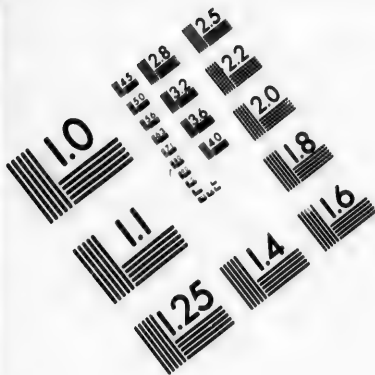
## CHAPTER V.

### THE TEGUMENTAL SYSTEM.

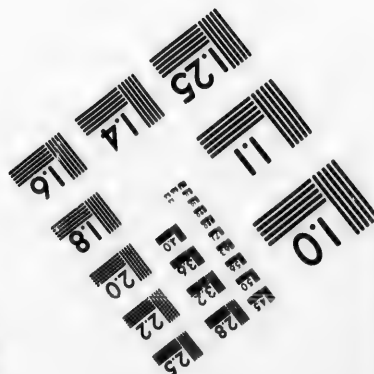
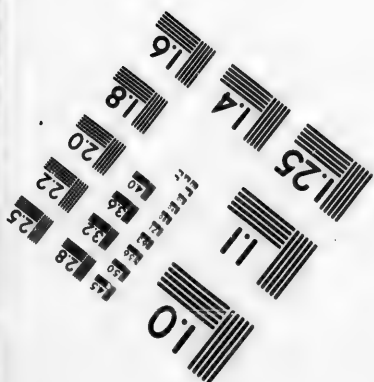
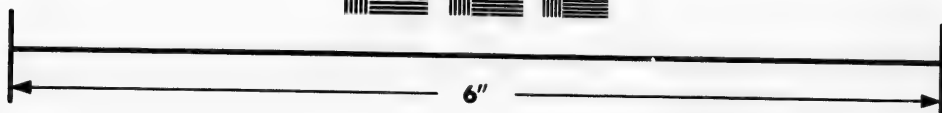
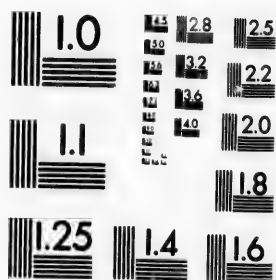
The skin, or tegumental system, envelops the body and it differs in thickness in different parts of the same body, as well as in different animals. It is very porous and exceedingly elastic. In some parts of the body it is loosely attached, while in some other parts it is tightly attached. It is made up of the cutis, or true skin, and the epidermis, or scarf skin. The corium, or under, and the papillary, or upper layer, form the true skin. The skin serves for purposes of protection, and becomes continuous with the mucous membrane at the lips, anus, etc. The appendages of the skin are hair, sebaceous and sudoriferous, or sweat glands, follicles, etc. The soft, smooth hair covering the body of the horse is known as the coat, while the coarse hair of the mane and tail is referred to as horsehair. Whenever a hair-bulb is completely destroyed, the hair is never reproduced. In fever the hair becomes harsh and dry, due, no doubt, to the fever affecting the hair follicle. The sudoriferous glands are very abundant and highly developed in the horse ; for this reason the horse perspires more freely than any other animal. Perspiration prevents too great a rise of temperature, and relieves the system to a great extent, and more particularly during severe exertion. It is computed that there are about two thousand of those glands to the square inch of the body surface. The sudoriferous, as well as the sebaceous, glands are more numerous in the flexures of the heels, hocks, knees, etc., and those parts are







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subject to many diseases. The sebaceous glands secrete and throw out a fluid which lubricates and serves to keep the skin in a soft and supple condition. The skin is subject to inflammations of various kinds. We may have erythematous inflammation of the skin, presenting at first well-marked congestion, followed by inflammation, and which, if allowed to go on, may result in an eczematous condition, as in grease heel, etc., or ulcers, which may be constitutional or sympathetic, depending upon some functional nervous derangement.

**Eczema** may be defined as a vascular effusion of the skin. It means 'to boil out,' and lymph, or liquor sanguinis, is exuded. We have pimples, scales, rashes, tubercles, pustules, vesicles, spots, etc., in connection with the skin, all of which will receive due consideration.

### CRACKED HEELS.

This condition is very commonly known by the name of scratches, and is a well-marked erythematous condition during the first stages, but if the irritation is kept up, it soon becomes eczematous. This trouble is a very common one amongst racehorses, affecting both runners and trotters. Irritation is set up. There is at first merely congestion in the superficial layer of the skin. The irritation is kept up until an eczematous condition ensues, and desquamation of the cuticle takes place. The heavy breeds of horses are most liable to this trouble. The disease is of much greater frequency in the hind-legs than in the fore-legs.

*Causes.*—Cracked heels are produced in a variety of ways, as washing the heels and not drying them properly, irregular exercise, standing in filthy, wet stables, etc. A common cause of the disease in racehorses and horses of fast work is, that on sweating freely the perspiration runs down upon the heels, and, collecting there, irritates and causes them to crack; or injudicious treatment, as applying a bandage to

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the heels and up the legs after perspiration has poured down and become accumulated in the flexures of the heels. Heat and cold, acting alternately, will produce cracked heels, as, for instance, washing the heels with warm water after travelling the animal through cold slush or mud. Sometimes the animal gets his foot over the halter and rubs it, setting up an irritation which by injudicious treatment terminates in cracked heels. A bad practice, and a very common cause of cracked heels, is washing the animal's legs every time he comes in, and neglecting to dry them, as a result of which, inflammation, after congestion, is quickly produced, and an erythematous condition of the limb is set up. The condition may also be brought about by the injudicious use of vesicants; or, in fact, may be produced by any irritant substance whatever. Cracked heels is a condition rarely seen among cavalry or artillery horses, as they are properly cared for.

*Symptoms.*—Usually the first symptom noticed is a slightly reddened appearance of the heel; this is soon followed by the appearance of cracks or fissures, which usually extend transversely. If in the fore limbs he will be very stiff in his action, until the blood oozes out, or he becomes warmed up, when the stiffness will disappear. Stiffness in a less degree is observed when the hind limbs are affected. The affected limb sometimes presents a slightly œdematous condition, extending in some cases as high as the hock.

*Treatment.*—A thorough examination should be made in every instance, so as to ascertain as nearly as possible the exact condition of the parts; also endeavour to discover the exciting cause, and, having found it, its removal should be effected if possible. The animal is to be placed in a comfortable loose-box, and be allowed to rest while undergoing treatment. In many cases a brisk cathartic is of great service, more particularly if the patient is in a plethoric



state. If the pain or irritation of the heels is very considerable, cataplasms of linseed-meal, boiled turnips, etc., will be found very useful, allaying irritation, soothing, and softening the part, and tending generally to bring about a healthy state of the parts. The ordinary white lotion is also of great benefit, and may be applied of increased or reduced strength, according as judgment dictates. A solution of acid. carbol. in water, one to sixteen, or forty, as the case demands, is very useful. Astringent lotions have a good effect, if not applied too long. Cupri sulph. may be used in solution; as may zinci sulphas, plumbi acet., etc. The legs are to be bathed in tepid water, without the use of soap, after which they are to be thoroughly dried in a gentle manner, and glycerine applied to prevent hardening of the part. A case of cracked heels is, in fact, to be treated exactly as you would treat a chafe on your hand or finger; it is not necessary to wash the heels every day. Occasionally a case is met with where the disease has taken on an indolent character. In such a case it is necessary to stimulate the parts: use acid. carbol., one to twelve, or sixteen, poultices, etc. A useful lotion is as follows: acid. carbol.  $\text{ʒss.}$ , spts. vini recti.  $\text{ʒi.}$ , aqua destil.  $\text{O.i.}$  Potassæ iodid. may be given. When the animal is going out apply glycerine; on his coming in apply a poultice. Lotions are preferable to ointments. When irritation ceases, exercise gently.

#### MUD FEVER.

This condition consists of a superficial or erythematous inflammation of the skin, in the region of the hock behind, and the knees in front, and has received the name of mud fever because it occurs usually as a result of irritation caused by allowing mud and slush to accumulate on the legs.

*Causes.*—Mud fever may result from any of the causes which operate in the production of cracked heels, and which

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were mentioned when treating of that condition. Mud fever is most common during the spring and autumn, when cold water is used to wash the legs; frequently done by turning on a jet of water from a hose—a thing that should never be done.

*Symptoms.*—On examination a superficial inflammation of the skin is discovered, in some cases extending up to the shoulders. The pain is frequently quite severe, the hair loses its connection to a certain extent, the irritation extends to the subcutaneous tissues, often giving rise to considerable swelling, and causing sloughing. In some cases where the exciting cause is kept up, the pulse becomes quickened, and a rise of temperature may often be noticed. The appetite is frequently considerably impaired, and if the exciting cause be kept up, the general system becomes very much affected.

*Treatment.*—Remove the exciting cause, place the animal in a comfortable loose-box, give a purgative and a febrifuge, foment the limbs, but do not bandage. Astringent lotions are very useful, the white lotion being as good as any, or a weak carbolic acid lotion, or any of the lotions recommended for cracked heels. If there is much irritation present, an anodyne, as opii tr., may be added to any of the lotions mentioned. In a very bad case an abscess may form, and if it does, is to be treated in the same manner as an abscess of any other part. The hair usually comes off, but nearly always reappears.

*Prevention.*—If a horse is out the greater part of the day in the mud and slush, the rough portion of the mud should be rubbed off when he comes in. After he stands an hour or two, rub the remainder off. This is the best mode of prevention.

### URTICARIA.

This is an erythematous condition, characterized by the appearance of small elastic eminences, varying in size and shape, and which may be observed over the

whole body surface, but more particularly in the region of the neck, shoulders, flanks, etc., a peculiarity being the very sudden appearance of the eminences, which frequently disappear as quickly as they come. It is a common disorder in the summer months, or towards the autumn, when horses are changing their coats, and probably occurs with greater frequency among heavy than among light horses. The disease is also known by the names 'nettle-rash,' 'surfeit,' etc.

*Causes.*—Certain kinds of food produce it; and, I think, allowing an animal to drink when heated, allowing him to cool off suddenly when hot and sweating freely, eating tares or vetches, etc., are the most common causes of the trouble. There is great sympathy as well as similarity between the skin and mucous membranes, hence it may be readily understood how derangement of the digestive system may operate in producing urticaria. Take it all in all, digestive derangement is, I think, the most common cause.

*Symptoms.*—As before stated, the disorder is quickly produced. The eminences are elastic to the touch, and usually round or oval in shape. They may disappear in a few hours, or may persist for eight or ten days. In some cases as quickly as one set of elevations disappear, they are followed by a new lot. More or less of an itching sensation is usually experienced, as is evinced by the animal scratching himself, and there may be a slight constitutional disturbance, pulse and appetite slightly affected, etc.

*Treatment.*—The food of the animal is to be changed, as well as reduced in quantity, the animal receiving very little food for the first twenty-four hours, as a bran-mash, for instance, or a purgative may be given, the action of which will usually be followed by a remission of the symptoms. In other cases nothing more may be required than a simple diuretic, as *potassæ nitras*, *ol. junip.*, *camphoræ*, *colchicum*, etc., which may be given in the ordinary doses, and are

preferable to cathartics in cases where the animal cannot be laid off work, and locally a mild astringent may be used.

### HERPES.

Now and then cases are met with where a horse is suffering pretty severely from influenza ; he arrives at the convalescent stage, when suddenly an eruption is observed to have taken place all over his body. This is a form of erythema, and is known as herpes. It is generally confined to the lips, but may involve the whole body, as neck, limbs, etc. The mucous membrane of the lips is involved. It is due to some changed condition of the blood.

*Symptoms.*—There is a reddened appearance of the skin ; little pimples appear and become confluent. In some cases the hair falls off in patches, varying in size from that of one's thumb to three or four fingers ; the animal perspires very easily. When the whole system is affected the pulsations increase in frequency, and the temperature becomes elevated, but such symptoms are absent in cases in which there is only a little local irritation of the lips.

*Treatment.*—Use carbolic acid, zinc sulph., plumbi acetat, and other astringents, and give diuretics, as potass nitrate, iodide, colchicum, etc. ; sodæ carb. if the stomach is acid. Sulph. florum is also good internally.

### SIMPLE ECZEMA.

This condition is a very common one, and more particularly so during the hot months of summer, and is often mistaken for mange. Simple eczema may be defined to be a non-contagious disease of the skin, characterized by the formation of a small pimple, which subsequently becomes a vesicle and finally a pustule.

*Causes.*—Simple eczema occurs as the result of a changed or perverted condition of the blood, produced, or at least

aggravated, by a change from cold to hot weather, and by certain descriptions of food, barley particularly. It is often noticed in horses on pasture, as over-ripe grasses will produce it. After an animal has suffered from one attack, he is more susceptible to subsequent attacks than he would be if he had never suffered; more particularly is such the case when the animal is fed on a highly stimulating diet.

*Symptoms.*—There is dryness of the hair, and itchiness of the skin to a greater or less extent. In some cases it is very severe, causing the animal to rub his head and neck with very great violence on being brought in from work. In some cases immediately on removal of the bridle he will rub the parts until extensive abrasions of the skin and destruction of the hair are produced. When running out he will often level the fence of his pasture in his frantic efforts to obtain relief. The head, neck, the region of the mane, root of the tail, etc., are the parts most affected; the vesicles contain an ichorous fluid. The disease generally attacks a number of horses in the same establishment. In such a case it is the result of bad management, which of course affects all the animals alike. Simple eczema comes on suddenly, while mange comes on gradually, and it is quite as difficult, if not more difficult, to treat than mange.

*Treatment.*—The treatment of simple eczema requires to be both local and constitutional. Endeavour to allay the irritation by having the parts thoroughly washed with tepid water, also using Castile soap; after which the following lotion may be used: hydrarg. corros. ℥ii., spts. vini recti ℥iv., aque O.i. The above is a favourite prescription as a lotion. Acid. carbol. and water, one to sixteen, is also a useful application. Tr. aconite and hydrocyanic acid well diluted form a still more powerful remedy. A homœopathic remedy is the linimentum terebinth., composed of soap, turpentine, camphor, and oil. A compound solution of iodine is also highly

hot weather, and particularly. It is ripe grasses will from one attack, than he would early is such the stimulating diet. and itchiness of some cases it is head and neck from work. In while he will rub and destructive. If he will make efforts to the mane, root the vesicles ally attacks a In such a ch of course comes on suddenly it is quite as ge. requires to to allay the with tepid the following i recti  $\text{ʒiv.}$ , as a lotion. useful applied in form a remedy is the camphor, so highly

useful in some cases. It is essential that a change of food be made, and that the animal be sheltered from the heat for a day or two. A cathartic may be administered, after which benefit will be derived by giving sodæ hyposulph. or potassæ iodidi in the usual quantities. If a cure is not obtained by the above treatment, Fowler's solution may be tried, or the following may be given: sulph. flor.  $\text{ʒii.}$ , acid. arseniosi grs. ii., two or three times a day, and at intervals of two or three days. The animal should be carefully dieted and well groomed, and receive a proper amount of exercise.

### MALLENDERS, SALLENDERS, Etc.

This is also an eczematous condition, and one which we occasionally find localized. It occurs in the flexures of the knee-joints, causing a scurfiness and dryness of the parts. It is more common among heavy horses than among the lighter breeds, and stallions suffer more frequently than mares or geldings.

*Causes.*—It is caused by a sluggish circulation, improper feeding, as, for instance, feeding a horse on stimulating food in large quantities. Irregular exercise may also cause it, improper grooming, or it may be due to the action of a vesicant, and more especially if the vesicant contains some such ingredient as euphorbium.

*Symptoms.*—Irritation is set up in the part: Redness is observable in some cases, and a discharge of a serous character takes place. Cracks appear, and often extend quite through the skin; and in hot weather flies will attack the parts if not prevented. The more acute symptoms may after a while disappear, and the case take on a chronic form. Slight loss of condition may be also observed.

*Treatment.*—The employment of both local and constitutional remedies is called for in the treatment of this condition, and while it is not by any means a serious disease, it is, nevertheless, a matter of considerable difficulty to effect

a cure, and unless treated energetically a failure may be expected. A laxative should be given, to be followed by pretty strong diuretics. In the meantime, the diet should be carefully attended to, and should consist of light and easily digestible food, given at regular intervals and in regular quantities. If there is any local irritation, it is to be allayed by the judicious use of fomentations. As a local application, the ungt. iodi. comp., strong or weak, as judgment dictates, may often be of great service; or corrosive sublimate, as before mentioned, is in some cases useful; and the parts may be touched occasionally with a pencil of nitrate of silver, the healing process being accelerated thereby. Poultices are highly beneficial, but it is very difficult to apply and retain a poultice at this part. The treatment should be persevered in, or a failure may be apprehended, in which event it may degenerate into a case of elephantiasis. Ol. morrhua applied daily with a feather will prevent the attack of flies. Tr. opii, in conjunction with glycerine, makes a good mixture to allay irritation of the parts, as well as lubricating and keeping them soft. A horse in season should have a laxative, but if not in season, a brisk cathartic may be given.

**Sallenders.**—This condition occurs in the flexures of the hock, and with that exception it is exactly the same condition as mallenders. Its pathology, cause, symptoms, and treatment, are the same as mallenders. Of the two conditions, sallenders occurs probably with greater frequency than mallenders.

**Prurigo, or Pruritis.**—This is a disordered condition of the skin, caused by functional derangement of the nerves of the part (neurosis). It occurs more particularly about the roots of the tail and mane. It is a very trivial disease, but is very hard to cure.

**Causes.**—Generous feeding with irregular exercise, bad grooming, etc., are the causes of pruritis. It is oftenest seen during the hot months.

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*Symptoms.*—The animal rubs the mane and tail, causing them to have a rough appearance. (Another cause of rubbing the tail is the presence of pin-worms in the rectum.)

*Treatment.*—Have the parts thoroughly cleansed with warm water, and apply some of the lotions mentioned previously, as hydrarg. perchlor., etc. In case of a valuable stallion kept in a loose-box, a bar of wood placed around the box in such a manner as to reach just above the hocks will render futile all endeavours to rub the tail. At the same time apply the various ointments and lotions, as ungt. acid. carbol., ungt. iodi. co., etc., previously mentioned. Change applications frequently, and do not wash the parts too often.

### GREASE.

A disease showing itself in connection with the heels of the horse. It is at first of an erythematous character, but subsequently becomes eczematous. It occurs as a result of irritation of the parts, and is known as 'grease' on account of the peculiar oily or greasy character of the discharge which takes place from the affected part. There is first a superficial irritation, which finally extends to and involves the hair follicles, sebaceous glands, etc. Heavy horses are far more subject to an attack than light horses. Climatic influences also play a prominent part in the production of the disease, 'grease' being far more common in Great Britain than on the American continent. The humid atmosphere of England sufficiently accounts for this fact. Some veterinarians have considered 'grease' to be contagious, and due to the presence of a parasite; however, such is not the case. There are various stages of the disease, which will be mentioned as we proceed.

*Causes.*—The causes of 'grease' are predisposing and exciting. Heavy breeds of horses may be said to be predisposed. The same may be said of horses possessing flat



feet, and having large quantities of hair on their limbs. The hind limbs are affected oftener than the fore limbs, and such cases are perhaps more difficult to treat, on account of the remote situation of the parts from the circulatory centre. The exciting causes are—washing too frequently, or washing the parts and not drying thoroughly afterwards. The most common cause of 'grease,' however, is scratches, or, as it is better called, 'cracked heels,' and the various causes which operate in producing 'cracked heels' also operate in producing 'grease,' as the improper application of vesicants, etc.

*Symptoms.*—There is more or less swelling of the parts. This is speedily followed by a slight discharge. A redness is also discernible. Soon the discharge becomes of a well-marked oily character; the hair comes out; the skin appears red and considerably inflamed. On first coming out of the stable, the animal walks very gingerly, but soon warms up and goes all right. After receiving exercise, and being allowed to stand until cool, the swelling is found to be greater than before, although exercise will cause the limb to decrease in size for the time being. In some cases the papillæ become enlarged. This is known as the 'grapous' stage. Usually at this stage there is a very offensive odour to be detected. Sometimes there is a well-marked febrile disturbance, but not often. Grease, by neglect or improper treatment, may terminate in a case of elephantiasis.

*Treatment.*—The treatment of grease consists of an endeavour to arrest the discharge and bring about a healthy condition of the parts. It is a mistake to apply powerful astringents without first acting upon the system; so, after proper preparation, a good purgative is to be administered. The local treatment is also to be attended to. Clip the hair from the parts if it is long, or if its removal be deemed necessary, after which long-continued fomentations and cataplasms will

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be of great benefit, soothing and softening the parts, allaying irritation, etc. After the irritation is allayed, apply astringents, as zinc chloride grs. xl., to aquæ distil. O.i. Piumbi acetat may also be used. Carbolic acid lotion is also of service in many cases. When the inflammatory action is relieved to a certain extent, apply pledgets of tow saturated with some astringent lotion. The pledgets should be applied in such a manner as to exert a gentle pressure on the affected parts; and in cases where the discharge is very offensive in odour, carbolic acid may be freely used as a deodorizer. Charcoal is also a good deodorizer, as well as a desiccant, and may be applied in the form of powder. Another excellent application is bromo-chloral. Exercise gently, and use glycerine to keep the parts soft and prevent irritation while the animal is working or undergoing exercise. In the grapous stage of the disease, the grapes are to be removed by excision, the use of caustics, or by the actual cautery, the latter method being the surest and most effectual. Two irons are required for the purpose—one cold, to protect the healthy structures, and the other hot, to remove the unhealthy structures. As a result of grease, we may have elephantiasis, etc. Another result of grease, although it sometimes occurs independently, is a foul-looking sore, or ulcer, on the heel. It should be treated by the application of cataplasms and a liberal use of caustics. The best caustic to use in such a case is probably the caustic potash. The top or crust of the ulcer is to be broken through, and the caustic applied, after which cataplasms of turnips, farina lini, etc., are to be applied continuously for two or three days, when generally a nice slough occurs. If, however, sufficient sloughing has not taken place, the caustic is to be applied again, and followed by a poultice, when it finally sloughs sufficiently. Astringent applications are to be used, the parts kept clean, etc. It must be borne in

mind that all caustics are to be used carefully, or considerable damage may result. I might mention that yeast poultices are useful in grease ; and while in some cases removal of the shoes is to be recommended, in other cases, where there are pretty large cracks, it is good practice to put on high-heeled shoes to remove the strain from the cracks. A run at pasture is also beneficial.

**Malignant Boils.**—This is a condition that resembles grease very much ; but I consider that it differs materially from grease. I have never heard of a name for the condition, but I will call it malignant boils. It attacks the heels and fetlock, gradually extending to and involving the deeper structures of the foot, and even the laminae ; and soon the whole of the tissues in the vicinity take on a semi-gangrenous state, and people have suffered severely from blood-poisoning by coming into contact with an affected animal, or getting some of the purulent matter in a sore or other wound. The disease may be closely allied to what is known as 'furunculus,' due to exposure and some other causes. In some cases I think the bone may be affected. The whole of the sensitive structures are affected and can easily be separated. Pyrexia and anorexia are well marked. Death may result quickly, or the animal may survive, in which case there is a thickened condition of the limb.

*Treatment.*—Give sodium hyposulphite and other antiseptics internally ; use disinfectants, antiseptics, poultices, fomentations, astringents, etc., externally ; give good food, tonics, etc. (Smith.)

**Ecthema.**—This condition is an eruptive pustular disease, and is sometimes called the American skin disease of horses. It has within the last few years made its appearance in England. English veterinarians claim that the disease was carried to England by American horses, and it has been

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the cause of considerable excitement in the old country. It is said to be contagious.

*Symptoms.*—A medium-sized, well-defined, and rather hard and irritable pustule makes its appearance over the body. After awhile the pustule, having arrived at a fully-developed state, bursts, and discharges a thin but sticky fluid of the colour of straw; after which an unhealthy-looking scab forms, which, after a considerable length of time, drops off, usually leaving an indentation or cicatrice.

*Treatment.*—Administer a purgative, stimulate all of the excretory organs to increased action so as to eliminate all effete material; give alteratives and tonics; locally use astringents, lotions of acid. carbol., zinc chloridi, argenti nitras, ungt. hydrarg., acet. plumbi, etc., and feed well.

*Rat-tails.*—This consists of a sort of plastic inflammation of the derma. There is an exudate of coagulable lymph; the papillary layer of the skin becomes more or less enlarged, and shows itself in transverse ridges, supposed to somewhat resemble rat-tails, hence the name. It occurs most frequently in connection with the hind limb. This condition is generally due to oft-repeated attacks of grease.

*Treatment.*—Give cathartics and diuretics, and use astringents and emollients locally.

*Crusta Labialis.*—This is an eczematous condition of the skin, and is said to be due to the action of grasses, reeds, etc., on the lips, and it may in some cases be due to faulty digestion or derangement of the digestive system. I have noticed that some horses are more subject to it than others, the mealy\* bay horses suffering more frequently than horses of another colour. (Smith.)

*Treatment.*—Use any mild ointment, as zinc ointment, acid. carbol., hydrarg. corros., etc.; all are good, used either

\* Horses light bay in colour, with very light-coloured muzzles.

as ointments or in solution. The same condition occurs around the coronet, and is treated in the same way.

**Eczema Rubrum.**—An eczematous affection occurring amongst dogs, and more particularly amongst sporting dogs.

*Causes.*—Eczema rubrum is caused by improper attention to dieting the animal, as, for instance, feeding the animal upon the same kind of food for a long time. It may also be produced by allowing the dog to run through long grass when it is wet. Various deranged conditions of the digestive system will also cause it.

*Symptoms.*—Redness of the skin is observable along the belly, breast, back, etc. The parts feel hotter than natural, and are considerably irritated. There may be falling out of the hair in patches, and an ichorous discharge, slight excoriation of the parts, etc. There may also be a slight constitutional disturbance, as is evidenced by the presence of fever, loss of appetite, etc.

*Treatment.*—The food should at once be changed. Give milk and porridge for a few days. A laxative, as rhamnus catharticus, should be given. Ungt. hydrarg., acid. carbol., etc., may be used externally; the latter, however, is dangerous. A good mixture is pot. carb. ℥i., sulph. flor. ℥i., adeps. ℥vi.—℥i.

**Warts.**—Warts may be defined to be abnormal growths, consisting of a thickening of the cuticle—a hypertrophied condition of the papillæ. They may occur upon any part or parts of the body, but are of more frequent occurrence about the head, neck, belly, sheath, lips, etc. They are very common amongst horses and cattle, in which animals they often occur in great numbers, and sometimes disappear without anything being done. 'Angle-berry' is another name, and a very common one, applied to warts. They occur in every variety of shape, and vary in size from the magnitude of a pea to that of a man's head. They sometimes possess a broad base, and at another time are met

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with possessing well-marked constricted necks. Sometimes the greater part of the skin may be covered with warts.

*Causes.*—It is not always an easy matter to account for the presence of a wart; however, a very trivial irritation, as a chafe from the harness, etc., may stimulate the skin to such an extent as to cause it to take on this hypertrophied condition. Highly stimulating diet may also cause warts after producing a disordered state of the skin, and there are probably some other causes with which we are not fully acquainted.

*Treatment.*—In cases where the presence of warts is due to the animal having been fed on a highly stimulating diet, a run at pasture may be highly beneficial, often causing them to disappear within a short time. In case the above measure fails, other methods must be tried. If the wart has a constricted neck, it is best removed by the knife or the caustic, the latter instrument being the best, as some of the warts are very vascular. In cases where a wart has a broad base, excision may be effected; but such warts have a tendency to grow again, hence it is a good plan to use a caustic, as 'unguentum arsenicalis,' as follows: acid arsen. ʒi., adeps ʒvi.—ʒi.; to be used very carefully. It is a very common cancer ointment. Caustics are to be applied a day or two after excision, not before. Poultices and astringents are often useful; and give a run at grass, which will often effect a cure when everything else fails.

## MANGE

*Definition.*—Mange is an eruptive disease of the skin, characterized by more or less irritation, causing the subject to scratch. It is due to the presence of a parasite belonging to the family Sarcoptes, from two Greek words signifying 'flesh,' and 'to conceal.' It is also called scab, or scabies, itch, etc. It is transmissible from animal to animal, and from one species to another. It has affected man, and to

quote the words of Professor Smith, 'Many of my countrymen are quite familiar with its effects.' The Duke of Argyle, so the legend runs, out of the bountiful munificence of his heart and his purse, erected scratching-posts throughout his dominion, so that the peasant or wayfarer could stop and relieve his intolerable itching by having a good scratch. Thus it was that the duke proved himself to be a public benefactor, and thus it was that the ejaculation of 'God bless the Duke of Argyle!' came into common use, being heard occasionally even at the present day. The parasites burrow into the flesh, and occur in the horse, man, sheep, pigs and cattle, and are also common to many other small animals. Besides the sarcoptes there are 'dermatodectes,' signifying 'the skin,' and 'to prick.' The dermatodectes do not burrow beneath the skin, but simply hold on to and prick the skin. They are common to the ox, horse and sheep. Another variety is known as 'symbiotes.' They neither burrow nor prick the skin, but nevertheless cause considerable irritation, and are common to the horse and ox. So three genera of ectozoa, or external parasites, as mentioned above, affect the horse and ox in common. Certain conditions appear favourable to the attack and propagation of the sarcoptes equi. A horse poorly cared for, badly groomed, and in an unthrifty state generally is in a favourable condition for the reception of the parasites. The attack of the sarcoptes is at first slow, but having once fairly secured a start, they spread with great rapidity, irritating the skin and sometimes destroying the patient. The sarcoptes will live the usual period on man, and then die without propagating.

The dermatodectes are less troublesome than the sarcoptes. The symbiotes are often found affecting the legs of horses, setting up irritation or itching, and causing the animal to scratch the parts. The above-mentioned parasites are

those causing mange, although of the three families named, the sarcoptes is probably the one oftenest met with in mange, and most certainly is the one causing the worst form of the disease; either variety may be conveyed from one animal to another by means of harness, saddles, clothing, etc. The dermatodectes can in some cases be easily detected by the unaided eye, and either variety can of course be readily discovered by the glass, an ordinary magnifying glass in most cases being quite sufficient. Mange often prevails to a considerable extent during war. It is not a very common disease among Canadian or American horses, and a great many diseased conditions of the skin are frequently improperly diagnosed and treated as manges, when in reality they are entirely different conditions that are present, and that require in consequence treatment altogether different to the method pursued in the treatment of mange. The parasites causing mange are never spontaneously generated, as is thought by many; on the contrary, the disease is caused in every instance by coming into contact with affected animals, or infected clothing, harness, etc. At the same time it should be remembered that dirty, badly-groomed, and badly-kept animals are more prone to receive the parasites, and, having received them, offer greater encouragement and fall an easier prey to their ravages than would well-kept and properly-cared-for animals.

*Symptoms.*—The first symptom noticed is itchiness; the animal scratches himself, and the coat presents an unthrifty appearance. Soon the hair falls out in patches, leaving corresponding bare patches of skin; this is usually noticed on the neck, about the edge of the mane, and on the quarters near the root of the tail. As time goes on, the bare spots increase in size and number, until the animal is almost entirely devoid of hair. A sort of straw-coloured



exudation may now be seen also. The general health of the animal, after a considerable time, begins to suffer: he becomes emaciated, feverish, and in some cases death takes place. Mange, while accompanied by a great deal of irritation of the skin, is greatly exceeded in this respect by eczema. A recollection of this fact will assist very materially in making the differential diagnosis between the two diseases.

*Treatment.*—The first step to be taken in the treatment of mange is, of course, the removal of the cause—destroy the parasites. However, the destruction of the mange parasite is a matter more easily spoken of than effected. External applications should be used, and are, of course, of greater importance than constitutional treatment, though the latter may be necessary in some cases. One of the best applications is as follows: Acid. carbol.  $\text{ʒi.}$ , aquæ  $\text{O.i.}$  This mixture must be used carefully, and not applied over the whole of the body at one time, but only over a part of the body. Wash the parts well with soap and tepid water before using the mixture. It is always good practice to have the animal clipped before making any application, and it is in many cases absolutely necessary to clip the body. Ungt. hydrarg. is also a useful application, but requires to be used with caution. Another recipe is as follows: Ol. picis, ol. lini, sulph. flor., partes equales. This is a very old as well as a very useful recipe, and the only objection to its employment is, that it is rather unpleasant to use, gumming the hair and clogging up the pores. Another preparation highly thought of by many practitioners is the following: Sulph. flor.  $\text{ʒi.}$ — $\text{ʒii.}$ , adeps præp.  $\text{ʒvi.}$ — $\text{ʒi.}$  Sulphur iodide is also of very great value in the treatment of this, as well as many other skin diseases. The animal should be removed from the stall or place he has been occupying. After his removal the place should be thoroughly cleansed by washing with hot water containing carbolic acid. The same method is to be

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pursued with the harness, clothing, etc.: probably the best way to do with the clothing is to burn it. By pursuing the above course all danger of contagion to another or the same animal will be obviated. A decoction as follows is highly useful, and may be freely used without fear of any bad result whatever: *Staphisagriae* sem.  $\text{z}\text{iv}$ ., *aquæ* C.i.; boil until the residue measures two quarts. Apply to the skin as hot as it can be borne. This is highly recommended, and is undoubtedly of very great efficacy. Potassium sulphuret is also useful. Arsenical compounds are good, but they must be used with very great care. It is good practice to change applications occasionally. If the animal be debilitated, thin in flesh, etc., it will be necessary to employ constitutional treatment in addition to the local remedies mentioned above. A laxative may be given, to be followed in turn by diuretics, alteratives, and tonics. The feeding should be generous, the water pure, etc.; and the animal should be thoroughly groomed once or twice daily.

**Mange in Cattle** is manifested by about the same general symptoms as in the horse. Mange is a disease of less frequency among cattle than among horses. The dermatodectes and symbiotes are the varieties usually found causing mange in the ox, although the sarcoptes are occasionally met with as well.

*Treatment.*—The remedies used in the treatment of mange in cattle are the same as for mange in the horse, differing only in being of greater strength. Potassium sulphuret may be used in the proportion of one part to eight or twelve parts of water. Apply once or twice daily.

**Mange in Dogs.**—In the dog we have mange showing itself about the head, ears, back of the neck, root of the tail, inside of thighs, etc., finally spreading over the whole of the body unless treated early.

*Symptoms.*—The dog scratches violently, patches of hair

fall out, etc. On a close examination, a peculiar redness of the skin may be observed. Pustules form, which after a time discharge their contents. The debility is in some cases very great. The parasite causing mange in the dog is usually found, on examination, to be the *sarcoptes*.

*Treatment.*—Cut or shave the hair from the parts affected, wash thoroughly, and use one of the above-mentioned applications. Carbolic acid, however, should be used with great care, as its action on the dog is rather peculiar, inasmuch as it is readily absorbed, and, if applied too strong or over too great a surface at one time, is likely to cause death. Hence it is to be regarded as a very dangerous application. However, if the practitioner is careful, and can have the animal under his immediate care, it is probably the most effectual of all applications. If the animal is debilitated, alteratives and tonics are to be given, as well as plenty of good food, exercise, etc.

**Scab in Sheep.**—Scab, or scabies, is a very common affection in some countries, causing serious loss to sheep-owners. The parasite causing scab is the *dermatodectes*.

*Symptoms.*—The condition is one easily detected, as the symptoms are very plain. Great itchiness is evinced by almost constant scratching on the part of the affected animal. The wool begins to fall off in patches, showing redness and inflammation of the skin, and sometimes a nasty sore is to be seen. The animal loses flesh and spirits, becomes debilitated, etc.

*Treatment.*—Dress the parts thoroughly with carbolic lotion, in the proportion of acid one part to water eight, sixteen, or twenty parts; or, to save trouble and expense, where large numbers of sheep are affected, some of the patent sheep-dips may be used, as some of them are of great excellence. The affected animals should at once be removed, and kept apart from animals not so affected. Another remedy, which is strongly recommended, is as follows:

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Creasote  $\text{ʒi.}$ , spts. vini recti  $\text{ʒxv.}$ , aqua  $\text{ʒxl.}$ ; or creasote  $\text{ʒi.}$ , aqua  $\text{ʒxx.}$  The former is, however, the best formula. It may also be used in equine practice. Another good application is, tobacco  $\text{ʒi.}$ , aquæ O.i.; make an infusion. This is also excellent for the destruction of ticks, etc. White hellebore  $\text{ʒi.}$  may also be added to the above if desired, making a very powerful and effectual application. Ungt. hydrarg. is also of considerable efficacy, and highly thought of by some. Prophylactic measures consist in keeping the pens and stabling clean, fumigating, etc.; also keep healthy animals off infected pastures.

**Ringworm.**—This is another affection caused by a parasite belonging to the cryptogama, *i.e.*, derived from the vegetable kingdom. It is called ringworm on account of the peculiar manner of its arrangement. The parasite is a species of fungus, of minute size, and the disorder is undoubtedly contagious. It attacks all animals, horses in good condition appearing to be fully as susceptible as horses in poor condition. The vitality of the parasite is very great, and in many cases it has been known to live for upwards of six months. Ringworm is communicable from one animal to another, and from animals to man.

**Symptoms.**—Small pimples appear on various parts of the body, usually about the head, neck, and loins. After a short time the hair begins to fall out, in many cases coming off in circular patches; and now, by using the glass, little elevations or ridges are discernible, the ridges, of course, being due to the attack of the parasite. The affection, unless checked, soon spreads over the whole of the body. There is a slight oozing out of fluid from the affected parts. In some cases the affection may be circumscribed in character, attacking and remaining confined to one part only. More particularly is this the case in the horse, in which animal it is easy to treat. In man, however, its cure is a matter of some difficulty.

*Treatment.*—Wash the parts well with soap and water, after which apply the following ointment: Iodi., potass. iodi., āā. ʒi., adeps ʒvi.—ʒi.; or in some cases the parts may be touched with argenti nitras. Touch pretty freely, and then use the unguentum iodi. After handling the patient, the hands should be washed to obviate the danger of contracting the disease. In case the animal is debilitated, the use of tonics is indicated, as iron, arsenic, etc. A solution of argenti nitras is sometimes used as an application, in the proportion of argent. nit. grs. x—xx., aquæ O.i. Carbolic acid lotions are always good and safe, except in the case of the dog. The clothing of the affected animal should also be saturated with some lotion calculated to kill any parasites it may contain. Honeycomb ringworm is treated in exactly the same way.

**Lousiness.**—Lice in veterinary practice are of two kinds --first, the ordinary horse-lice, invited by a filthy condition of the animal, improper grooming, debility, etc.; secondly, poultry lice. These latter are smaller than the equine louse. Lice also affect the other animals, as cattle, etc., destroying fine coats, causing unthriftiness, etc.

*Symptoms.*—The presence of either variety of lice is easily detected. Considerable irritation is manifested by the animal scratching himself, a staring coat, a mangy appearance, and an unthrifty look generally, the itching seeming to be more severe about the root of the tail, mane, etc.; and on making a close examination, the parasites may be detected swarming over the body of the animal. Poultry lousiness is by no means unfrequent in horses standing near hen-houses. Sometimes the irritation of poultry lousiness is so great as to cause the animal, when tied, to break loose to scratch himself. The mane and tail fall out, and even slight inflammation may exist.

*Treatment.*—One of the best applications known for the

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residue measures two quarts; apply freely to the skin. It  
is not necessary to use as powerful applications as those  
recommended for mange. A solution of carbolic acid is also  
of great efficacy. Having the body of the animal nicely  
clipped, if the season of the year is suitable, is often all that  
is necessary. Poultry lice cause a great deal more irritation  
than the ordinary equine lice. It is astonishing how in-  
jurious poultry are to horses. Even though they do not  
communicate lice to them, they appear to be peculiarly  
injurious to horses, and should never be kept where horses  
are. Another precautionary measure consists in keeping  
the affected animal from coming into contact with animals  
not affected. The clothing, harness, etc., should also be  
washed with a weak solution of carbolic acid, and the stall  
or box occupied by the patient should be well washed or  
fumigated with sulphur fumes.

**Fly.**—Often considerable irritation is caused by flies.  
There is a fly which very much resembles, and on a casual  
examination might easily be mistaken for, the common  
house-fly; it, however, differs to a slight extent, both in  
appearance and habits. There was, some years ago, great  
excitement over a so-called disease which suddenly appeared,  
affecting horses and cattle in large numbers, and was sup-  
posed to be contagious. The trouble was, however, on  
examination, found to be due to the attack of the above-  
mentioned fly. They are most abundant during the months  
of August and September. They may be easily distin-  
guished from the house-fly by the severity of their bite,  
which is often felt even when protected by pretty thick  
clothing, and sometimes even bringing blood. The body is  
also longer and slimmer than that of the common house-fly.  
They may come into the house at certain seasons. They

are most abundant in low, wet places. The bite is very painful, and is probably slightly poisonous. These flies are more troublesome to cattle than to horses, and cause them to run into the water, after which they come out and stand in the sun, causing an irritation of the skin around the heels and the formation of abscesses, until the heels become each a mass of suppuration.

*Treatment.*—Wash the parts nicely, and use ol. lini, ol. picis, tr. benzoin., partes equales. Carbolic acid lotion is also highly useful. Keep the animal in during the day, and allow it to run at night. All animals, but particularly sheep, suffer now and then from the blow-fly. If there be a wound, or the animal is suffering from purpura hæmorrhagica, often the parts become fly-blown and maggots form. This is more common in England than in America. In some parts of the latter country the flies deposit their ova in the ear of the horse, even when the animal is perfectly healthy, free from wounds, etc., and considerable annoyance is caused thereby.

*Treatment.*—Protect the parts; use carbolic acid lotion and mild astringent lotions, preparations containing tar, etc.

## CHAPTER VI.

### Diseases of the Eyes.

#### SIMPLE OPHTHALMIA.

This is also called conjunctivitis, which is by no means a bad name. It is also called traumatic ophthalmia, for the reason that it is due to an injury in a large majority of cases. It is an inflammation of the conjunctiva. There are, of course, cases where the inflammation is not confined to the conjunctiva, but involves more of the structure.

*Causes.*—Simple ophthalmia is always the result of an

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injury, inflicted either directly or indirectly; hence the causes are legion. A few may be enumerated as follows: a blow from a whip in the hands of a careless or cruel driver; the presence of a foreign body, as a grain of sand, a hay-seed, a bit of chaff, etc. The presence of a foreign body of minute size is sometimes very difficult to detect, and, when it is found, requires very careful work to remove it. Ammoniacal vapours or foul air in stables will irritate the eye and cause the trouble. Particularly does this cause operate where one or two horses are stabled with a number of cattle. A blow on the orbital arch will also sometimes cause simple ophthalmia. Extremes of heat and cold, as well as sudden alternations of temperature, excite or produce the trouble.

*Symptoms.*—A partial or complete closure of the eye is observed. There is a copious flow of tears. The eyelids (particularly the upper lid) are, in a large majority of cases, swollen to a considerable extent. In some few cases it is not swollen, but is much reddened and inflamed; and in other cases it becomes completely everted. On making an examination of the eyeball, it is found to be retracted as far as possible. The pupil is dilated, and the eye cannot bear sudden exposure to light. The exudate, when the condition occurs as the result of an injury, radiates from the seat of the injury towards the circumference; while in periodic ophthalmia precisely the opposite takes place. There is not much constitutional disturbance unless the injury to the eye be a pretty severe one. Small bloodvessels may be seen, as it were, forming in the conjunctiva. A very slight irritation will often produce simple ophthalmia. The flow of tears may, after a while, be followed by a discharge of a purulent character, which ceases after a while, and is in its turn succeeded by the appearance of an exudate—a film which appears to be external to the cornea,



but is in reality between the layers of the cornea; and the result is the cornea becomes opaque. However, the exudate soon disappears by absorption, and the cornea and other parts usually resume their normal appearance and condition. In some few cases a trace of the exudate remains. The inflammatory action is always much greater in this form of ophthalmia than it is in periodic ophthalmia. Occasionally the sclerotic coat partakes of the inflammatory action, and partial or complete destruction of vision sometimes occurs. Simple ophthalmia is also said to occur in an epizootic form. In such a case it is undoubtedly due to some atmospheric cause.

*Treatment.*—Simple ophthalmia occurs in the acute, sub-acute, and chronic forms, and according to the stage of the disease at the time of commencing treatment is the practitioner to be guided in his mode of treatment and choice of remedies. As a rule, the treatment is very simple and easy; and, if the case is taken in hand early, treatment is almost uniformly successful. A careful examination should be made, the exciting cause discovered, if possible, and removed. Having removed the cause, allay the irritation by the free use of warm or cold water. These applications should be made frequently, and at each time occupying an hour or so. If the irritation be due to the presence of a foreign body, which in some cases may be embedded, it is to be carefully removed. This, while by no means easy, may still be effected in various ways. If the irritation is due to foul air, etc., remove the animal to a well-ventilated box, free from ammoniacal vapours, etc. A slightly darkened box should be used to place the patient in. For allaying irritation cold water may be used in the summer, and warm water in the winter is the best. Cold or warm poultices or a wet cloth may be placed over the eye. If the pain be excessive, anodyne applications, as tr. opii, belladonna, etc.,

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may be used. In cases where there is no abrasion, an application consisting of *tr. opii, plumbi acetat et aqua*, in the usual proportions, will be found beneficial. Such a mixture, however, should not be used where abrasions exist, as the resulting compound, meconate of lead, being insoluble, might produce as much trouble as the original irritant. Belladonna, externally and internally, is highly beneficial, and has a strong tendency to prevent, and even break up, adhesions. A very good lotion is as follows: *zinc. sulphat grs. iii.—grs. v.; aquæ ʒi.*; to this opium and belladonna may be added, if desired, as before stated, belladonna being highly useful where structural change is feared. A slight relaxative, to be followed by diuretics, may be given. If winter, omit the purgative in all but exceptional cases, but give diuretics. If the trouble is caused by any foreign substance being embedded in the eyeball or the lid, remove with a small feather or silk handkerchief; but in most of the cases where it is embedded it cannot be removed except by the forceps. Local inflammation in many cases can be quickly and effectually reduced by scarifying the parts; or a moderate abstraction of blood may be made by opening the angular vein, using a sharp Symmes abscess-knife for the purpose. The flow of blood will cease after a while of its own accord. The only trouble is that the blood often will not flow, instead of being hard to check. In such a case one must encourage the flow of blood, which may be done in various ways. Atropine may be used, if so desired, instead of belladonna, as above mentioned. It may be used in the proportion of *atropiæ sulph. grs. ii.—iii., to aquæ ʒi.* This may be applied by means of a camel's-hair pencil, or, what is probably better, a hypodermic or other small syringe may be used, by means of which the solution may be easily forced into contact with the inflamed structures. After the inflammation is allayed, it becomes the task of the practitioner to direct his

attention to the film or exudate between the layers of the cornea. The removal of this film is frequently attempted by quacks and other ignorant persons, who have a cruel, and worse than useless, practice of blowing powdered glass, alum, etc., into the eye, on the supposition that the film is external to the cornea, and that the glass will cut it, or the alum, by its corrosive action, will destroy it. For the removal of the exudate it is necessary to 'stimulate' the eye, a good recipe for the purpose being as follows: Argenti nitras grs. iii.—grs. v.; aquæ ʒi. Touch the parts occasionally, using a camel's-hair pencil to apply it with. In some cases it may be necessary to touch the part with a pencil of argenti nitras. Potassæ iodidi may also be given internally. If ulceration of the cornea or other parts takes place, use silver nitrate as above to produce healthy action.

#### PERIODIC OPHTHALMIA.

*Definition.*—A constitutional affection operating on the organ of vision, first attacking the internal structures, then gradually extending, attacking various structures in turn, until the whole of the eye becomes involved, the disease sooner or later terminating in loss of vision. The disease is known by a great number of names. It was spoken of by the old writers as 'moon-blindness' or 'moon-eyes,' as the moon in its changes was supposed to be the cause of the periodical recurrences which are characteristic of this affection. It is also known as 'constitutional ophthalmia,' which is by no means a bad name; 'gouty ophthalmia,' on the supposition that it is due to some gouty or rheumatic influence existing within the system. It has been called 'odontalgia,' under the mistaken notion that it was caused through dentition. It is also spoken of as 'hereditary ophthalmia' and 'specific ophthalmia,' both of which are very good names, as it is undoubtedly transmissible from the parents

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to the progeny, and it is equally certain that it is a specific disease. Periodic ophthalmia differs very materially in several important respects from simple ophthalmia. The disease is by no means uncommon even at the present day, although less frequently met with than some years ago, when it was very common, and was very generally regarded and spoken of as the bane of horse-flesh. Attention to the common-sense rules of breeding and hygienic principles have done much towards, and may possibly at some time in the future complete, the extinction of periodic ophthalmia.

*Causes.*—The causes of periodic ophthalmia are somewhat obscure. Extremes of heat and cold serve as exciting causes, although in all probability there must exist within the system a predisposition to an attack; in other words, the disease must exist within the system in a latent form, and extreme heat, or cold and other exciting causes, only serve to develop and cause it to become manifest. Improperly-ventilated or badly-lighted stables, hard work, overheating, poor food, neglect, etc., where there is any tendency to the disease, either hereditary or otherwise, most certainly exert a powerful influence in the development and production of periodic ophthalmia. The primary stage of the disease may be characterized as the inflammatory or acute stage, or in some cases it occurs in the sub-acute form. During the next, or second stage, the inflammatory action begins to subside, and in five or six days the eye has regained almost its normal appearance, the duration of an attack usually being ten or fifteen days. The eye may not suffer another attack for four or five years, or it may be attacked again in four or five weeks. Ten or a dozen attacks may be undergone, and still the eye look pretty well and vision be retained. However, such is the case only where the inflammatory action during each attack is of a very mild character. On the other hand, one or two attacks of a very severe type may

be sufficient to cause complete loss of vision. Complete or partial loss of vision, as the termination of periodic ophthalmia, is in every case but a question of time. It is claimed that Lexington, one of the greatest racehorses and sires America ever produced, went blind from severe exertion; but there can be no reasonable doubt that the trouble was periodic ophthalmia, simply developed by exertion. It is a significant fact in proof of this, and also that it is a hereditary trouble, that a large number of the progeny of Lexington became blind.

*Symptoms.*—A peculiarity of periodic ophthalmia is the suddenness of the attack. The groom reports that he left the horse at night all right; in the morning he found one or both eyes swollen, sore, etc. (as a rule, but one eye is affected at a time), and he supposes the horse has a cold in his eye, or has got a hay-seed or some other foreign substance in it. The eye is intolerant of light, and is retracted within its socket, and on this account appears smaller than its fellow. There is a drooping of the eyelid, and a slightly reddened condition of the conjunctiva, but not nearly to such an extent as in simple ophthalmia. The cornea is dim in appearance, with a well-marked ring around it. Another sign is the unnatural contraction of the pupil, very well marked on exposing the eye to light. As the disease advances, the interior of the eye loses its brilliancy and transparency, and presents a sort of yellowish-brown appearance, which is hard to describe, but once seen will always afterwards be easily recognised. This appearance is caused by the exudate which has been thrown out. The iris is always affected to a degree depending on the severity of the inflammation. A purulent discharge from the eye, more or less abundant, takes place. The iris may adhere to the crystalline lens, after which atrophy of the eyeball begins. As the disease progresses, the eye clears up somewhat, and the exudate,

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ophthalmia is the opinion of those who report that he left the eye, but one eye is diseased. The horse has a cold in the head, and is retracted, and the eye is smaller than usual, and a slightly protruding, but not nearly to the cornea is diminished. Another pupil, very well, the disease ad- vances, and trans- parency and trans- parency appearance, will always after- wards be caused by The iris is always of the inflam- mation, more or less abun- dant in the crystalline lens, As the disease advances, and the exudate,

before of a brownish hue, changes to a sort of greyish colour, and part of it becomes absorbed. This greyish deposit is usually in connection with the crystalline lens, and may be regarded as the forerunner or basis of a cataract. Another peculiarity of this affection is that in many cases, as soon as the attack ceases in one eye, the other eye becomes affected, and often the disease reappears in a month or so without any visible cause for the second attack. Again, a case may appear to be getting along finely, the eye improving rapidly, etc., when it will suddenly change, the intensity of the inflammation become augmented, and the eye in every respect worse than ever. In examining as to soundness, a wrinkled eyelid covering an eye that appears smaller than its fellow is to be regarded with suspicion, as in such a case the probabilities are that the eye has suffered from two or three attacks of periodic ophthalmia. In the early stage of the disease there is usually a slight increase of the animal temperature, the pulse may be slightly quickened, and the animal observed to be duller than usual. Slight loss of appetite may also be observed in some cases. As a rule, each succeeding attack is marked by increased severity, until loss of vision results, when, generally, the inflammatory action ceases, never to return. There are, however, some well-authenticated cases in which the eye, having become completely disorganized by the disease, still continued to suffer from inflammatory attacks at periods varying more or less in regularity, and in the same way that it had suffered before loss of vision had taken place. Such cases, however, are very rare.

*Treatment.*—The treatment of periodic ophthalmia is anything but satisfactory, and, so far as our present state of knowledge goes, we know of no remedy that will cure the disease. Hence the treatment can only be palliative, and is adopted with the view only of mitigating the severity of the attack. Both constitutional and local remedies are to be

employed for this purpose. The animal should be placed in a darkened box, to prevent the irritation that would otherwise be caused by the light. Give a moderate laxative or purgative, as the nature of the case seems to demand, after which the exhibition of diuretics (colchicum preferably) will be attended with benefit. Hot or cold applications to the eye, according to the season, will relieve irritation. After irritation is relieved, use belladonna, or its alkaloid atropine, freely as a local application, as well as giving it internally. Belladonna applied right over the eyeball is about the best remedial agent known, as besides relieving pain and irritability, it also tends to prevent adhesion. Its alkaloid atropine is equally efficacious, and may be used instead, in the proportion of atropiæ sulph. grs. iii.—iv.—v., to aquæ zi., to be applied once or twice daily. Atropine may also be given internally. Potassæ nitras or potassium iodide may be given in the usual doses in conjunction with colchicum. In cases where the pain is pretty severe, apply the ordinary mixture of tr. opii et plumbi acetas. Puncture of the cornea, as recommended by some practitioners, is not successful. Scarification and fomentations for some time after are often beneficial; but, as before stated, it is useless to treat the disease with a view of effecting a radical cure, as it is incurable, and usually terminates in cataract and blindness.

**Cataract.**—A cataract may be defined to be an opacity of the crystalline lens, or its capsule. In some cases a cataract may result from an injury to the eye, and occasionally appears without any previous appreciable irritation; but in a very large majority of cases it occurs as a result of periodic ophthalmia. Cataracts vary in size, shape, and situation, and are of various kinds, as the false cataract, which consists of a deposition of lymph on the anterior capsule, in which case the lens is not affected, and removal of the deposit will be effected by absorption. True cataracts are

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capsular and lenticular, or capsulo-lenticular. Capsular is when the capsule is the seat of the cataract; lenticular is when the crystalline lens is affected; and when both the crystalline lens and its capsule are involved, it is known as a capsulo-lenticular cataract. Cataract is occasionally noticed in the young animal as soon as born, and is then known as congenital cataract. If cataract is well marked, it may be detected without the slightest difficulty. If the whole lens is affected, the eye will lose the power of vision, after which atrophy of the eyeball soon follows. The pupillary opening loses its elliptical form, and becomes round and abnormally large.

*Symptoms.*—As above stated, if the cataract be of good size, it may easily be detected. If it be, on the contrary, small, its detection is in many cases a pretty difficult matter. Where a small cataract exists, on examination, the eye is noticed to be retracted, and the pupil, on sudden exposure to light, is observed to contract to an unnatural degree. In some cases the cataract may be imperceptible on account of the minuteness of its size. In such a case, the animal is to be placed in a darkened box, and the eye examined with the aid of artificial light, as a candle, and, if necessary, an ophthalmoscope. The use of the ophthalmoscope, however, requires practice and expertness, and unless the practitioner be possessed of both, the ophthalmoscope will be more of a hindrance than an aid in the examination. At the same time it should be borne in mind that in some cases the presence of a very small cataract cannot be detected without the aid of this instrument, as the catoptric test, while being nearly always sufficient, will occasionally fail to reveal the presence of a very small cataract. After dilating the pupil with belladonna or atropine, and placing the horse in a darkened box, examine the eye by aid of candle-light. In many cases the cataract will at once be seen. The person making the examination should be careful to keep concealed any bright



object which he may have about his dress, such as a scarf-pin, bright button, or other article likely to cause a reflection from the eye of the patient, and thereby mislead the examiner. The test may be applied without using belladonna. In such cases the practitioner should notice the amount of contraction of the pupil, and compare it with its fellow of the opposite side. Also, if the eye be healthy, the images or reflections of the lighted candle may be observed as follows: On moving the light from side to side, there may be observed an erect image, which is reflected from the surface of the cornea. This image moves in the same direction as the candle. A second image may also be seen, which is also erect, and moves in the same direction the candle moves in. This is reflected from the anterior surface of the crystalline lens. A third image, which is inverted, and moves in a direction opposite to that in which the candle is being moved, is seen reflected from the posterior surface of the lens. In the presence of cataract, the latter image (and sometimes the second one also) is rendered indistinct or wholly invisible. The eye may also be examined by taking the horse into the light, say to the stable-door, and placing a dark shade, as a hat, over his eye for a minute or two, after which remove it suddenly and observe the effect of the light on the pupillary openings both of the suspected and the sound eye, comparing the two. A cataract brought into view by the ophthalmoscope looks like a dark blue or almost black spot. Cataract may possibly be developed in ten or fifteen days, but it nearly always takes much longer.

*Treatment* is useless, as it is incurable in the horse.

#### **AMAUROSIS.**

This condition is also known by the names 'gutta serena' and 'glass-eye,' and consists of a partial or complete loss of vision as a result of paralysis of the optic

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nerve and its terminal expansion, the retina, without there being much change in the appearance of the eye itself. Occasionally it coexists with cataract, and also with periodic ophthalmia. It also occurs sometimes as a symptom of certain diseases, as parturient apoplexy in the cow, and in the last stages of other diseases. It may be caused by injuries to the optic nerve, resulting from blows on the head, or standing in very dark stables for a long time—for this reason horses after being down a coal-pit for a lengthened period become blind. It may be very quickly developed, and has been noticed as a result of hæmorrhage, and more particularly of secondary hæmorrhage. Amaurosis has often been noticed to occur in pregnant mares; in such cases it comes on a few days before foaling, and as a rule spontaneous recovery takes place within a few days after foaling.

*Symptoms.*—The principal symptom is the abnormally dilated condition of the pupillary opening, which loses its elliptical form and becomes round. The eye is prominent, bright, and has a peculiar glassy appearance. The vision is found to be impaired or totally lost; generally both eyes are affected simultaneously, except in cases where amaurosis is due to an injury affecting but one eye. The animal, when trotted out, steps along with an unnaturally high action, and carries his head in a peculiar position. Hence the name 'star-gazer' that is sometimes applied to such horses. The animal is very sensitive to sounds, pricking up his ears at the slightest noise. The pupillary opening fails to contract on sudden exposure to light.

*Treatment.*—If the case be undertaken at an early stage, the administration of nerve stimulants is to be tried, as nux vomica, or its alkaloid. A purgative, followed by diuretics, may be tried also. Potassæ bromide is sometimes useful in the early stages. Vesication or electricity may be tried, but as a rule it is incurable.

**Glaucoma.**—This condition is oftenest seen in old animals. The hyaloid membrane changes its condition, becomes of a bluish colour, and vision is very seriously interfered with, or completely destroyed. A few cases have come under observation where the animals when young had suffered from osteo-porosis, and glaucoma had occurred as a result. It may exist in connection with cataract.

*Treatment.*—The condition, being incurable, does not admit of treatment.

**Fungus Hæmatodes.**—This growth is also known by the names 'medullary sarcoma,' 'bleeding cancer,' etc. It may be defined to be a dark-coloured, highly vascular tumour of a cancerous nature. This formidable and malignant disease is fortunately very rare. It is occasionally associated with tuberculosis. The tumour, being removed, has a strong tendency to reappear, and, in fact, does reappear in nearly every case.

*Symptoms.*—Slight irritation of the eye is noticed; there is a flow of tears; the cornea enlarges and bursts, as it were, and a small fungoid tumour makes its appearance, passes through the opening, grows rapidly, until it hangs down over the cheek, collecting dirt, etc.

*Treatment.*—Use the knife freely, remove the fungus, and if necessary the eyeball as well, and touch the parts with caustic potash, argenti nitras, or the actual cautery. Restrain the hæmorrhage, which is usually excessive, by styptics, as tr. ferri, plumb. acet., or the actual cautery. The bones of the orbital cavity may be affected. To have the slightest chance of success, the operation must be performed as early as possible. All diseased structures in the neighbourhood are also to be removed.

**Staphyloma.**—This disease consists of a protrusion of the cornea, or the formation of an elevation somewhat resembling a grape—hence the name. The disease is not

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generally of a malignant character. It occurs with much greater frequency among dogs than other animals.

*Symptoms.*—A bulging of the cornea is observed, caused by an abnormal increase of the aqueous humour (it is sometimes called dropsy of the eye). This bulging increases until the cornea, unable longer to resist the pressure, gives way, and allows the contained fluids to escape. Staphyloma is by no means a rare disease among cattle in Texas, being frequently met with there. Its cause is not known.

*Treatment.*—As there is no way of causing absorption of the excessive quantity of fluid, or getting rid of it except by puncturing the cornea, the latter must be done. In case it is not, total destruction of the eye will in time occur. Ulcers, etc., are to be treated with caustics. Also use constitutional remedies, good food, etc.

**Laceration of the Cornea.**—Laceration of the cornea may occur in various ways, allowing the aqueous humour to escape. However, the chances are, if it be a clean cut, that the cornea will heal and the aqueous humour be reproduced, if the animal be kept in a quiet place, slightly darkened, and moderately warm water and other warm applications are used. But if the cornea be badly lacerated or torn, inflammation will be set up, the wound will not heal properly, and the aqueous humour will not be reproduced, or only partially so. There usually remains a slight cicatrix, which as a rule does not interfere with vision, and should not affect the price of a horse unless in such a position as to interfere with the vision—that is, directly in front of the pupil. In examination the animal may be passed as sound, so far as his eye is concerned, if the cicatrix is high up or low down, and more particularly if it is of long standing. In case there is a fungoid growth on the cornea after laceration, use argenti

nit. grs. v., aquæ ʒi. ; hot and cold applications externally, potass. iodi. internally, etc.

**Worm in the Eye.**—Worm in the eye is of very rare occurrence on the American continent, but is very common in India, and occurs most frequently in low-lying, swampy situations, or in the neighbourhood of stagnant water. Two kinds of worms have been noticed inhabiting the eye, the 'filaria oculi' and the 'strongylus equinus.' The parasites vary from half an inch to about two inches in length, and reach the eye by means of the circulation, being first taken into the stomach of the animal along with the water he drinks, either as fully developed parasites or as ova—most probably the latter. After reaching the eye, the parasite develops and grows very rapidly.

**Symptoms.**—Worm in the eye is easily diagnosed, the symptoms being very plain. When the trouble has reached a certain stage, or the worm has attained a certain size, it begins to move about, and sets up considerable irritation. The first symptom noticed, as a rule, by the owner or attendant of the horse, is a haziness of the eye and a slight flow of tears. This leads to an examination, when he fancies he can see something like a thread in the eye. It moves about through the aqueous humour very quickly, in a manner likened to the movements of an eel in a basin of water, first in the anterior chamber, then in the posterior chamber, coming and going from the sight very quickly. If allowed to remain for any length of time and attain a complete state of development, loss of vision will usually result ; although there are a few cases on record in which the worm died and became absorbed. The irritation increases if the worm is not removed, more or less opacity of the cornea is soon observed, and the animal at times shows that he is in considerable pain.

**Treatment.**—The only method by which the worm can be removed from the eye is by means of a surgical operation,

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consisting of an incision or puncture through the cornea, allowing the aqueous humour and the worm with it to pass out. In the majority of cases the patient will need no preparation for the operation. In every case the animal is to be cast, and firmly secured. Elevate the head to a certain extent, placing it in a position convenient for operating on the eye. Transfix the membrana nictitans with a tenaculum or some other suitable instrument. For making the incision, use a sharp lancet, such as is used in human practice. Have it guarded, so as to expose only so much of the point as is necessary, by wrapping it with thread. Make an incision through the cornea, passing the lancet as quickly as possible. As soon as the incision is made, the aqueous humour will escape pretty forcibly, and, as a rule, the parasite comes out with it. In case the worm does not escape with the aqueous humour, place the animal in a darkened box, and keep him quiet for a few days, until the aqueous humour re-accumulates; after which operate again. In case the worm can be removed in no other way, it becomes advisable to pass a pair of microscopic forceps into the chamber, seize the parasite, and remove it. The incision should be made at the superior part of the cornea, at its junction with the sclerotica, and in a slanting direction, to have it heal rapidly.

**Myopia, or Near-sightedness.**—This condition is caused by an abnormal condition of the eyeball, which becomes elongated from before backwards, and too great convexity of the crystalline lens, and probably also of the cornea. It causes shying, etc. In some cases it may wear away as the animal grows older. In man this defect is remedied by using concave glasses; but as it is not possible to remedy the defect in the lower animals by applying glasses, and as no other remedial measure is known, it is usual to let the animal go without treatment.

**Hypermetropia.**—This is the opposite condition to the

one above described, and constitutes far-sightedness. It is remedied in man by the use of convex glasses. The other remarks made in regard to treatment, etc., of myopia, will also apply to this condition.

**Ossification of the Eyeball.**—Cases have been noticed where the eye has become ossified.

**Calcareous Growths, Osseous Deposits, and Melanotic Deposits** also are noticed in connection with the eyeball, the latter occurring chiefly in grey horses, the vitreous humour being the portion of the eye affected. None of these conditions are curable.

**Ulceration of the Cornea.**—Ulceration of the cornea occurs more frequently among dogs than among other animals, being in dogs a very common result of distemper. It gives the eye a very unsightly appearance, besides causing considerable irritation and annoyance to the animal.

*Treatment.*—Touch the ulcer twice daily with some stimulating application, as argenti nitras grs. v. — x., et aquæ ʒi. In certain cases a stronger application even than the above may be used. Give a good nourishing diet in proper quantities. Alteratives and tonics, as acid. arseniosi, may also be given with beneficial results.

**Dislocation of the Eyeball.**—Dislocation of the eyeball may occur in various ways, and in any animal; but occurs oftenest in the dog, and usually through fighting.

*Treatment.*—If seen at once, there is a possibility of returning and keeping the eyeball in its place, and by judicious use of bandages, cold water, etc., effecting a cure, but in case the injury is not discovered for an hour or two, and the eyeball is found to be perfectly cold, the circulation having ceased, a cure cannot be made, and there is no recourse but to remove the eyeball.

**Injuries to the Upper Eyelid.**—Injuries to the upper

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eyelid may happen in several ways—as by animals fighting, or striking a hook or nail, and lacerating the lid.

*Treatment.*—It is advisable to be as conservative as possible in a case of this kind. Bring the lacerated edges together, taking care that they are in perfect apposition. Save the torn parts as much as possible, cutting away nothing that can be retained. In suturing, use fine silk thread and a small needle, such as is used in human surgery. Having brought the parts together, prescribe cold-water dressings if it is during summer-time, or warm-water if it is in the winter-time. Order the animal to be tied in such a way as to prevent him being able to scratch the part or bring it into contact with any hard substance, otherwise he will be likely to scratch and re-open the wound. The ordinary cooling and astringent lotions may be used afterwards. Occasionally after such an injury there may be slight opacity of the cornea.

**Membrana Nictitans.**—Irritation or inflammation of the membrana nictitans sometimes comes under notice, being manifested by swelling, redness, etc.

*Treatment.*—Use warm applications, as poultices, fomentations, etc., to allay irritation; after which cold applications will be useful.

**Membrana Nictitans (Ulceration of).**—Ulceration of the membrana nictitans constitutes a troublesome condition, and in cases where it becomes diseased to such an extent that it cannot be healed, it becomes necessary to remove a portion; or in certain extremely rare cases it may be necessary to remove the whole of it. It should never be removed except in cases where there is no alternative. It is then to be removed with scissors or knife, after having first secured the membrana with a hook, tenaculum, or other suitable instrument.

**Ductus Lachrymalis.**—The most common disease of this



duct is thickening of the mucous membrane ; or obstruction of the duct may exist from some other cause.

*Symptoms.*—The symptoms are very plain, to one who is acquainted with the situation and functions of the duct. There is considerable irritation of the eye, and a flow of tears which excoriate the cheek, causing the hair to fall out. There may also be a discharge of pus, which collects at the inner canthus. On elevating the head, the pus will be observed, as a rule, to flow backwards.

*Treatment.*—The duct is to be injected. Some attempt to inject it from above. This is, however, very difficult, and is usually a failure. The best and most effectual way is to inject the duct from its lower opening, which is situated in the false nostril. Use a syringe, preferably of hard rubber ; using tepid water for the first injection, after which a mild astringent may be injected, as *zinci sulphas* grs. v., *aquæ* ʒi.

**Imperforate Duct.**—This is congenital. In most cases the colt is a couple of years old before professional advice is sought respecting the trouble.

*Symptoms.*—There is considerable irritation present, accompanied by a flow of tears, and a purulent discharge which runs freely over the cheek when the head is elevated ; and, on making an examination, it is found that there is no duct, or that the opening is closed by mucous membrane. For the former condition, as a rule, nothing can be done, except that an artificial opening may be made, allowing the tears to flow out over the cheek. If closed with mucous membrane, remove it.

**Ectropium, or Eversion of the Eyelid.**—This condition is common amongst dogs, and occurs as a result of distemper.

*Treatment.*—The treatment consists of scarifying the conjunctiva, after which caustics are to be applied at intervals of three or four days. Where this treatment fails, it becomes

brane; or obstructive cause.

tain, to one who is inflamed, the duct of the eye, and a flow of pus, which collects under the hair to fall from the head, the pus will

d. Some attempt to remove, very difficult, the most effectual way is by opening, which is done by incision, preferably of the eyelid, after the first injection, after the use of zinc sulphate.

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irritation present, a purulent discharge from the eye, the head is elevated; and that there is no inflammation of the mucous membrane. If the inflammation can be done, the treatment is made, allowing the eye to be washed with mucous

This condition is the result of distemper. In clarifying the condition, if applied at intervals, if it fails, it becomes

necessary to excise an elliptical-shaped portion of the conjunctival membrane, using the curved scissors for the purpose, after which use fomentations, astringents, etc.

**Entropium, or Inversion of the Eyelid.**—This is exactly the opposite of ectropium, the eyelid being doubled in instead of turned outwards.

*Treatment.*—A portion of the skin of the eyelid must be excised in such a manner as to remove the surplus, so that when the wound heals the eyelid will be effectually retained in its proper place.

**Trichiasis.**—The eyelashes grow inwards, irritating the eye. Distichiasis is the opposite condition. Treat the same as entropium.

## CHAPTER VII.

### Diseases of the Nervous System.

#### ENCEPHALITIS.

*Definition.*—Inflammation of the brain as a whole. The condition is also known as phrenitis, which is not such a good name, except that it describes the symptoms better, the animal as a rule being frenzied or furious. It may not be out of place to remark here that some of the very obscure diseases of cattle, sheep, and pigs, if examined carefully, would probably prove to be affections of the nervous system.

*Causes.*—The causes of encephalitis are not always apparent. However, it occurs sometimes as a result of an injury, as a concussion, causing congestion and inflammation of the brain. Exposure to the sun, more particularly if the animal has suffered previously from sunstroke, will cause the malady. It may be owing in some cases to the character of the food. In some instances it is developed without any appreciable cause. In all cases the practitioner should endeavour to find out the cause of the trouble if possible.

Over-ripe grasses will produce it, as will decomposing roots, as, for instance, where the roots lie in a cellar all winter and are fed to the stock in the spring of the year. The disease may also occur as a result of eating weeds or plants possessing narcotic properties. In Great Britain horses, at certain seasons of the year, are fed on rye-grasses, and in consequence brain diseases are very common where the rye-grass is over-ripe and taken in excessive quantities. Buck-wheat will also produce it, as will mouldy or bad food of any kind, especially if given for any length of time or in large quantities. Tumours or abscesses forming in the brain, as a result of irregular strangles, melanotic deposits, etc., also operate as causes of encephalitis.

*Symptoms.*—The symptoms vary to a considerable extent. In most cases there is marked dulness, which generally increases as the disease progresses. The animal assumes a dull, listless attitude, but is easily excited by a little noise, after which he soon relapses into his former dull, sleepy mood. The urine is scant in quantity; the bowels are constipated; the respirations slow, and usually stertorous in character. As a rule, the pulsations are fewer in number than in health, sometimes running down to thirty, or even as low as twenty-six beats per minute. In other cases, in addition to the dulness above described, the animal has occasional convulsions, manifested by slight trismus and the projection of the membrana nictitans. 'Some cases have come under my observation that, during the early stages, I thought were going to be well-marked cases of tetanus' (Smith). When standing quietly in the box, he shows a strong inclination to rest his head against the wall or the manger. In other cases, the breathing becomes stertorous, the pulse becomes accelerated, the eyes bloodshot, and the poor animal, in a state of frenzy, will knock himself about in the most violent manner, and without the least regard for the

considerable extent. which generally animal assumes a by a little noise, mer dull, sleepy bowels are con- ly stertorous in ewer in number thirty, or even other cases, in the animal has trismus and the some cases have early stages, I es of tetanus' shows a stron or the manger. rous, the pulse and the poor lf about in the egard for the

*Treatment.*—The treatment varies, but, as a rule, an active cathartic is to be given, as the following: aloes bb. ʒi., hydrarg. subchlor. ʒi. The latter is to hasten the action of the aloes. In some cases, where the patient is a very large animal, aloes ʒx. may be given. Apply cold water, pounded ice, etc., in a bag to the head. A good dose of physic is of great benefit, but only in the earliest stages of the malady. The same may be said of blood-letting. Belladonna and bromide of potassium are useful, given in the usual sized doses, the latter remedy being the most useful of the two. The animal should be placed in a large yard or a padded box, to guard against injury. The prognosis, as a rule, is

unfavourable, but the practitioner should not be in too great a hurry to give up the case, as in numbers of cases seemingly hopeless, recoveries are made that are almost miraculous. When the bowels begin to act freely, there is a good chance of recovery; hence, no matter how violent the frenzy of the animal may be, the case should never be abandoned. A pretty strong pulse is also to be regarded as a favourable symptom. If the body becomes covered with a cold sweat, the eyes amaurotic, etc., it may be said with confidence that the animal will die, and more especially if he has been affected for some time. If the patient is lying down, have his general comfort attended to. Pad him up, and turn him from side to side occasionally. Give fresh, cold, and pure water and fresh air in abundance, and endeavour to combat each symptom as it presents itself.

### SUNSTROKE.

Sunstroke occurs with greatest frequency in warm countries, and during hot weather. About fourteen or fifteen years ago a great many horses died from sunstroke on the American continent. It is a greater or less congestion of the brain, causing either partial or complete loss of motion, and often of sensation. The predisposing causes are high feeding or a highly stimulating diet; irregular exercise; an insufficient supply of good water, badly-ventilated stables, etc. Debility may also be mentioned as a predisposing cause. The immediate cause is exposure to the sun during very hot weather, as in August, and more especially if the animal is doing heavy work, or is put to severe exertion of any kind. An animal in perfect health and condition may be attacked, but is not nearly so likely to suffer as an animal debilitated from any cause whatever.

*Symptoms.* — Generally before the trouble becomes well marked, that is, before the acute stage is reached, certain

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premonitory symptoms are observed, as an unusual dulness and languor on the part of the animal, and as a rule he does not perspire as he should when put to exertion. In a short time well-marked symptoms are presented; a slightly reeling action is noticed when the animal walks. This action becomes better marked as the disease progresses, until the animal, no longer able to stand, falls; and when down extends the head. Soon complete loss of motion takes place, and there may be in many cases an amaurotic stare, loss of vision, etc. On lifting the leg, not the slightest resistance is offered; the breathing is stertorous, etc.

*Treatment.*—The treatment of a case of sunstroke, to be successful, must be prompt and energetic. If the power of deglutition still remains, administer a stimulant, as ale, beer, wine, whisky, nitrous æther, etc.; to be given in the usual quantities. Great care must be exercised in administering a draught, or strangulation may result. Apply refrigerants, as pounded ice, cold water, etc., to the animal's head, and heat the body by clothing pretty heavily, etc. It is very essential that the head be kept cold and the body warm, and that stimulants be administered at proper intervals and in judicious quantities. If the power of deglutition be gone, stimulants may be administered per anus, in the form of an enema. If the animal be lying exposed to the rays of the sun, an awning must be erected over him for protection. Rub the legs and body vigorously, and use hot applications on the extremities. If he recovers sufficiently to get on his feet, he will go reeling and staggering along from side to side, when he attempts to walk, and it may be necessary to place him in slings to obviate the danger of falling and injuring himself. After he is placed in the sling, administer a full dose of cathartic medicine, and give potassium bromide, and sometimes a complete recovery will take place. In cases that

are going to terminate fatally the patient falls into a lethargic condition, which is soon followed by convulsions and death. When he is down, enemas should be freely given. The patient should be placed so as to rest on his sternum, and supported in that position by bundles of straw, etc. An attack may be warded off, when coming on, by rest, a stimulant, cool water to drink, shade, etc.

### CONCUSSION OF THE BRAIN.

Concussion of the brain may take place in any animal, and occurs in a variety of ways. In the horse it is usually caused by the animal running away and striking the head against some hard object in a violent manner, rearing up and falling backwards, passing through a low doorway, kicks, etc. Sometimes the cranial bones are fractured and death soon ensues. And in cases where the basilar process of the occipital bone is fractured, death takes place almost instantaneously.

*Symptoms.*—In concussion of the brain, complete loss of motor-power and sensibility takes place. The practitioner is usually informed that the animal has run away, fallen, and is unable to rise. The pupillary opening is found, on examination, to be dilated; the pulse is often indistinct, the temperature of the body-surface is considerably lower than in health; the breathing is stertorous in character, and the animal is totally unconscious of all that is going on around him. In many cases the patient will in an hour or so exhibit signs of returning consciousness, and usually makes an effort to rise. He gets his forelegs under him and tries to get up exactly like a cow, hind-legs first. If the brain is much affected by concussion, there will be loss of power involving the whole body. If the injury affects the spinal cord behind the brain, loss of motor-power is referable only to those parts situated posterior to the seat

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of injury. If the pulse is strong, pretty good hopes of recovery may be entertained, and in such a case recovery may take place in a few hours, or within a few minutes even.

*Treatment.*—The treatment of concussion of the brain is similar to that of sunstroke—cold applications to the head and warm to the body and extremities. Prop the patient up on his sternum, or sling him, as seems advisable. In some cases relief is only temporary; there may be a fracture which is difficult to detect. Give stimulants and enemata, and bandage the legs, etc. Now and then the practitioner meets with a case of concussion of the brain where the patient will stand with his head hanging down until the muzzle almost touches the ground, and mechanical congestion of the lips takes place. Treat such a case by scarifying the lips, and keep the head elevated by means of a web.

### VERTIGO.

*Synonyms:* **Megrims, Head-staggers, etc.**—The disease has received the above names in reference to the erratic movements of the animal when labouring under an attack. In some cases it is due to temporary congestion of the brain; on the contrary, it may also be caused by an anæmic condition of the brain; and it may result from the presence of cerebral tumours; any disease of the brain or heart, or anything that interferes with the flow of blood to or from the heart or brain. Conformation may have something to do with the trouble also. Horses with short, upright necks are more likely to suffer, and horses doing heavy collar-work frequently suffer. Tight-reining may also excite an attack. Nervous horses are more subject to it than others. As a rule it is due to some lesion of the brain, but it is not so easy to say what that lesion is. It is often due to some organic change. Over-study causes the trouble in man. Gastric derangement also figures as a cause of vertigo.



Some animals are predisposed to it, and such often have a peculiar appearance of wildness, and are easily excited.

*Symptoms.*—The peculiarity of vertigo is the suddenness of the attack. While being driven, the animal stops, falters in his action, elevates his head, staggers about from one side of the road to the other, becomes perfectly unmanageable, and finally falls to the ground; lies there awhile, then gets up, stares about him in a vacant manner, shakes himself, and apparently is all right again. He is a very dangerous animal to possess, as the trouble is liable to come on at any time without the slightest premonitory symptom, and he may fall and kill someone. It is oftener noticed in harness horses than in any other kind, and may be due to pressure of the collar on a bloodvessel. Sometimes premonitory symptoms are presented, as for a day or two the animal appears languid, etc.

*Treatment.*—Endeavour to ascertain the cause; if it is a badly fitting collar, remedy it. Give a laxative, and one or two good doses of potassium bromide. Some animals never have but one attack. When attacked two or three times it may be known that he is subject to it, and is an extremely dangerous animal to ride or drive.

### APOPLEXY.

This disease is not very often met with in the horse, and is now and then the cause of death when it does occur. In the dog it is also seen, but occurs with greatest frequency amongst pigs, as they take on fat very readily, and eat large quantities of food, which tends to weaken the bloodvessels. It may be due to the formation of a small blood-clot in the circulation. Apoplexy is common in fat animals not getting much exercise, as pigs and pampered dogs.

*Pathology.*—It is due to arrest of the circulation of the blood in the brain, and there may possibly be rupture of some of the small bloodvessels of the part, and extravasation of blood.

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*Symptoms.*—Apoplexy is characterized by the suddenness of its attack. The animal exhibits more or less cerebral disturbance, the pupil is dilated, the breathing is stertorous. Sometimes paraplegia or hemiplegia accompanies the attack.

*Post-mortem.*—Reveals congestion of the brain, ruptured bloodvessels, and extravasation of blood.

*Treatment.*—Frequent changes of food are beneficial. A dose or two of sodium hyposulphite may be given. Apply cold to the head during the attack, and, if the patient be a horse, a pretty copious abstraction of blood may be attended with benefit. The administration of a few full doses of potassium bromide will be found very useful. Apoplexy is far likelier to occur in stallions than in mares or geldings, for the reason that they are more excitable, are oftener excited, and have to sustain a severe strain on the nervous system. They are also very highly fed, and on a very stimulating diet, and, generally speaking, are more predisposed.

### EPILEPSY.

This disease is occasionally observed in the horse, but is of more frequent occurrence amongst dogs, in which latter animal it is generally referred to as 'fits.' In man, tobacco, alcoholic drinks, etc., all tend to produce epileptic fits. In dogs the cause is intestinal derangement, as worms, etc.

*Symptoms.*—The attack is indicated by a well-marked convulsive fit. The patient falls to the ground, froths at the mouth, etc., the attack lasting for three or four minutes, after which he arises, walks about in a dull manner, and in a short time is apparently all right.

*Treatment.*—Everything should be done to insure the patient a full supply of fresh air. A piece of wood, or similar substance, should be inserted between the teeth to prevent them being injured, or the tongue bitten. After the attack has passed off a purgative should be given. Vomiting

will ensue sometimes, more especially if the patient be a dog, in which case worms are often vomited up. Potassium bromide is as good as anything to give. Some physicians who are famed for their treatment of epilepsy use potassium bromide principally, and endeavour to remove the exciting cause.

### TETANUS.

Tetanus is a by no means uncommon disease, coming under the notice of the practitioner pretty frequently. It is due to some lesion of the nervous system, and may be defined as a nervous affection, characterized by a tonic contraction of the voluntary muscles. The variety known as trismus, or lockjaw, is characterized by contraction of the muscles of the jaws. In trismus, when well marked, the masseter muscles are so firmly contracted that it is impossible to get anything between the tightly-clenched teeth. In all cases, and in every variety of tetanus, it is probable that the whole muscular system is more or less implicated, but of course some muscles more than others. Tetanus is a very appropriate name, as it signifies 'to stretch.'

**Opisthotonos.**—This is the name used to designate the variety of tetanus wherein the muscles of the back are rigidly contracted, and the head and tail carried erect. Another variety is **Emprosthotonos**. This condition is exactly the opposite of the one previously described, as the muscles of the belly are rigidly contracted, and the head is depressed by contraction of the inferior cervical muscles.

**Pleurosthotonos** (or trismus lateralis) is when the head and neck are pulled around to one side, by virtue of the contraction of the muscles of that side.

Tetanus further consists of two divisions, 'traumatic' and 'idiopathic.' It is said to be 'traumatic tetanus' when due to an injury, and when the disease occurs without any appreciable cause it is known as 'idiopathic tetanus.' The

latter form may be the result of irritation caused by parasites, as worms, etc., in the intestines, or may be the result of gastric irritation of various kinds. Often a very simple injury will produce tetanus. Hence, a case of tetanus may be due to an injury so trivial, or a wound so slight, that it cannot be discovered. Such a case would be called 'idiopathic,' while in reality it would be a case of 'traumatic tetanus.'

The disease is far more common in hot than in cold climates, and more so where there are extremes of heat and cold. In certain localities animals will suffer from tetanus resulting from the most trivial wounds; indeed, to such an extent does it prevail in some places, that it might almost be described as enzootic. Tetanus is more likely to occur as a result of punctured wounds than of any other kind of wound, and it manifests itself, as a rule, about the time the wound is healing, or is nearly well. It occasionally supervenes on castration, and about the ninth or tenth day, when the wound is healing nicely, is when the disease makes its appearance. The person who performed the operation is usually blamed, but unjustly, however, as tetanus will often follow this operation, no matter how it has been performed, whether properly or otherwise. After castration, the animal should not be allowed to take cold, or to stand in cold water or draughts. If he is exposed in this way, he has a pretty good chance of suffering from tetanus. Percivall mentions that out of twenty-four horses castrated in one day, and exposed in the way above mentioned, sixteen of them contracted the disease. Tetanus is one of the most fatal diseases with which the veterinarian has to deal.

*Post-mortem.*—The muscles, after death, have a peculiarly soft, flabby feeling. The sheaths of the nerves present well-marked traces of congestion. More or less effusion is observable in connection with the brain and spinal cord, and also with some of the large nerves.

*Symptoms.*—After the disease has attained a certain stage, it is very easily diagnosed. At first, however, when the premonitory symptoms are presenting themselves, especially if it is going to be a mild case, it is slightly difficult to diagnose, unless the practitioner has had considerable experience with the disease, and is well acquainted with its nature. There is more or less contraction of the muscles and stiffness about the injured part, if it is due to an injury. Most commonly the first symptom noticed is contraction of the muscles of the head and neck. The nose is poked out, the head being held in a peculiarly stiff and uncomfortable position, something similar to the position assumed in a case of acute laryngitis. There is a slight dribbling of saliva from the mouth. The course of the levator humeri muscle is well defined, the muscle standing out very prominently, and, on being felt, is found to be as rigid and unyielding as a piece of granite. The other muscles can be traced also in their course, but are much less prominent than the one spoken of. The patient is very easily excited, and if struck or pulled to one side, a convulsion of more or less severity ensues. The head and tail are quickly elevated, the animal trembles all over, the membrana nictitans passes over the eyeball, in some cases to such an extent as to almost completely obscure the eyeball. Also, on elevating the head, or in any way exciting the patient, the membrana nictitans is at once projected and the nostrils become dilated. The animal stands in a peculiarly stiff position, with his fore-legs extending forwards and his hind-legs extending backwards, and the legs are held wider apart than usual, as though the patient was afraid of falling, and had, as it were, propped himself up. It seems as though the feet are rooted to the ground. The animal will not willingly move, and when he does, it is only with the greatest difficulty. The pulse varies to a remarkable extent in frequency, in some cases

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being forty-five, or normal, in other cases running up as high as eighty. If excited, the pulse at once runs up. The countenance bears a very anxious or distressed appearance. The ears are usually pricked up, to a certain extent as a result of sympathy with the rest of the muscular system. The jaws, on examination, are found to be rigid and immovable, and as the breathing is often affected to a considerable extent, the probabilities are that the diaphragm is involved. In most cases the appetite is retained, but of course mastication is impossible, on account of spasm of the masseters, and usually there is great difficulty in deglutition. The bowels are constipated, and the urine is scant in quantity and high in colour. If the animal lies, or falls down, all the symptoms enumerated become aggravated to a terrible degree. The breathing becomes extremely difficult. The patient paws and struggles for hours at a time in the most frantic manner, until the body becomes bathed, first with a warm sweat, then with a cold sweat, followed in a short time by death. In milder cases—and it occurs in every possible degree of severity—the above symptoms are present, but in a much milder form. The animal usually retains the standing posture, which is the best, as lying down aggravates the disease.

*Treatment.*—Almost every medicine in the Pharmacopœia has been tried in the treatment of tetanus, certain remedies meeting with great success in the hands of some practitioners, and proving total failures in the hands of others. It is, however, generally admitted by the members of the profession that perfect quietude is the greatest essential in the treatment of tetanus. Place the patient in a dry, well-ventilated loose-box, slightly darkened, and, if possible, in an out-of-the-way situation—no other animal should be near. Administer a full dose of cathartic medicine, and follow with belladonna in a draught or bolus.

Place the medicine well back on the tongue, and as a rule the patient will suck it in. The body should be lightly clothed, and the animal placed in slings. Never give a draught if it produces excitement. Atropine may be given hypodermically. If due to a wound, poultices and fomentations are to be applied; the wound may also be smeared with belladonna. Acid. hydrocy., opii, physostigma, arsenious acid, chloroform, hyoscyamus, digitalis, belladonna, chloral hydrate, morphia, conine, curare or woorari, potassium bromide, nicotine, and many other agents, have been used, and some of them have been found beneficial. Belladonna is probably as good as any, and should be given freely. Bromide of potassium is also often of great benefit in the treatment of this disease. Inhalations of chloroform are very useful to abate pain and spasm. Any of the medicines that can be given in the drinking-water may be administered in that way if the patient is able to drink. Enemas of tepid water, so long as they do not excite the patient, will be found of great benefit, unloading the bowels and stimulating them to action. The food should consist of milk, eggs, beef-tea, wine, linseed-tea, and food of that description, easily taken and of a very nutritious character. Too great care or attention cannot possibly be bestowed upon the animal. The after-treatment consists of allowing a liberal quantity of good nutritious food—green food is preferable to any other kind; plenty of pure water, and moderate exercise daily for some time after recovery has taken place; and the work should be light and slow for a month or two; and keep the animal out of cold rains, sun, draughts, etc.

#### HYSTERIA.

This is a disease of the nervous system, and is characterized by a highly nervous and excitable condition. It

is usually seen in mares and bitches, but has also been noticed in animals of the opposite sex in certain rare instances. A change of some kind taking place in connection with the generative system is supposed to be the cause of hysteria.

*Symptoms.*—The animal becomes excited to a very great degree. The pulse becomes rapid and very difficult to take. One peculiar symptom is continual neighing, and in some cases there is a sort of hiccough, caused by spasm. After the animal has suffered awhile, the body becomes covered by a profuse perspiration. There is in some cases a whitish or reddish coloured discharge from the vulva. Hysteria usually occurs about the time of the animal coming into heat, but has been noticed in pregnant mares. The above symptoms will often persist for one or two days, and disappear without anything having been done. Sometimes the appetite is impaired; the animal often urinates, etc.

*Treatment.*—Give a purgative, opium, belladonna, potass. bromide, etc. Change food, feed lightly, keep quiet, etc.

**Cerebral Tumours.**—These tumours are often met with in what is known as the choroid plexus. They grow very slowly, and are often of a fibrous character. In some cases they are cystic tumours, and often contain a substance called brain-sand (a white, shining substance of a scaly nature), or such tumours may consist of a tuberculous deposit. They rarely give any indication of their presence until they have attained a certain size, when various symptoms of their presence are manifested, as vertigo, an irregular gait, convulsions, apoplectic seizures, general inability to perform work, etc. Inflammation of the brain may also result from the presence of such tumours. As nothing can be done, it is useless to attempt any treatment.

**Tubercular Meningitis.**—This disease occurs in animals



of a tubercular diathesis; is sometimes met with in the horse, but oftener in highly bred cattle. The symptoms are those of cerebral disturbance as ordinarily manifested.

**Thickening of the Dura Mater.**—This condition is of rare occurrence, but occasionally is met with both in the horse and the ox, causing partial absorption of the cranial bones, and even of the brain substance; the hard structures we find, as a rule, yielding to the soft structures. The symptoms are those of brain disease. No treatment is of any avail.

**Atrophy of the Brain.**—This condition is rare, and, like hypertrophy, when it does occur, it is usually as a sequel to some one or other of the many diseases affecting the brain.

**Hypertrophy of the Brain.**—This disease usually occurs in connection with the meninges of the brain, although the brain itself occasionally becomes enlarged.

**Tumours.**—Osseous tumours and melanotic tumours sometimes form in the brain substance. Melanotic tumours are composed of pigmentary matter, and occur oftenest in grey or white horses, and may form in any tissue of the body.

**Symptoms.**—Dulness on the part of the patient. He is subject also to sudden attacks of convulsive fits, and in many cases the patient, when left to himself, shows an inclination to seek the most elevated spot accessible. If the tumour exists in connection with the medulla, the animal will often, without warning, drop to his knees as suddenly as though struck by lightning. This condition, and the similar ones previously described, give rise to about the same general symptoms, and, like atrophy and hypertrophy of the brain, this condition is incurable.

**Softening of the Brain.**—This is a very rare condition in the horse, but it does occasionally occur, and when it does it is usually as a result of epizootic cellulitis. The disease may occur as a result of many other causes with which we

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are unacquainted. The symptoms are drowsiness, hanging of the head, dulness, snoring respiration. The pulse is slower than normal. On being made to walk out, the animal shows a tendency to stagger, trip, and sometimes fall.

*Treatment.*—Not very much can be done to relieve the condition, except perhaps to administer an occasional purgative. Work lightly, and pay proper attention to feeding, etc., endeavouring to preserve the general health. It is a progressive disease, and sooner or later causes death.

### CHOREA.

*Definition.*—A disease of the nervous system, characterized by involuntary and convulsive muscular movements. It is a somewhat frequent disease in dogs and horses. It occurs in several forms, the most common of which, in the horse, is known as 'stringhalt,' affecting the flexor and extensor muscles of the hind-legs. In the dog, usually the muscles of the head and neck are affected, or perhaps the voluntary muscles of the whole body. In the horse, the muscles of a hind-leg, or a fore-leg, and sometimes the muscles of the whole body, are affected. In such a case it is known as 'shivers.' In the human being the same condition has received the name of St. Vitus' dance.

*Stringhalt.*—This may be defined as a violent spasmodic jerking, or irregular movement of one or both hind-legs, due to irregularly distributed nervous influence.

It is caused by some lesion or abnormal condition of the nervous system. Some contend that it is a disease of the spinal cord, and others say that the trouble is due to some affection of the brain. Again, it is said to be caused by irregular distribution of nervous influence to the extensors and flexors of the limb. This latter is probably the correct opinion; but, at the same time, it is not explained why the nervous influence is so irregularly distributed. But it can

readily be understood that the presence of any foreign substance, as a melanotic tumour, for instance, pressing upon the nerve, or in any way interfering with the nerve, would be sufficient to cause it to perform its function in an improper manner. Some think it is due to stimulation of the nerve centres, while others consider it to be caused by irregular nervous influence due to reflex action, emanating from a diseased hock or joint. Want of power due to paralysis of the opposing muscles, cramp of the flexor metatarsi, rheumatic affection of the muscles, shortening of the flexors of the hock, and a thousand other so-called explanations have been given. The latest is the theory of Ginther, who considers that it is due to a shrinking of the fascia of the limb, and, as proof, he claims to have cured the disease by cutting through the fascia. This theory, however, is scarcely tenable. It is a difficult disease to understand.

*Symptoms.*—The disease is influenced and aggravated by cold. Some cases have come under observation that were very badly affected during the winter, while in summer the condition was scarcely noticeable. The peculiar action of the hind limbs is better seen when the animal moves forward. The limb is jerked, and it is plain to anyone that the action is a wholly involuntary one. In some cases the animal may move quite a distance before jerking the leg up. Again, some animals must be turned first to one side, then the other, backed, and led forward—in fact, put through every conceivable movement—before the tell-tale jerking of the limb can be discerned. The practitioner cannot be too careful or energetic in his endeavours to discover this defect when examining a horse as to soundness. In some cases it is better noticed when the animal trots, than at any other time. In examining the animal, walk him quietly along, then trot him; after which, turn him first one way and then the other, back him forcibly, and

bring him forward suddenly, taking care to excite him somewhat. The disease is so severe sometimes as to cause the leg to reach the belly in its spasmodic movements. In such cases, the foot continually striking the belly causes the hair to become worn off the part. The disease may be caused by exposure to cold; by irritation of the periphery of the nerve, as in cauterizing or blistering for ringbone. The ringbone disappears, but the nerve is irritated and stringhalt is the result. Some horses do not show it outside in the least, either in walking, trotting, backing, turning, etc.; but do show it in the stable, when moving from side to side. Stringhalt constitutes an unsoundness. A case of well-marked stringhalt may be met with in March; in May, when the hot season arrives, it will appear to be nearly or quite well. If it is only a slight case, it does not affect the usefulness of the animal. Sometimes a case of stringhalt is developed within a very short time.

*Treatment.*—It is incurable, but may be palliated by giving a cathartic, nerve sedatives, etc., as belladonna and bromide of potassium in the ordinary sized doses.

**Shivering.**—Shivering is another form of chorea, due, in all probability, to some lesion of the spinal cord. It affects the posterior parts, more particularly the muscles of the gluteal and femoral regions. It varies in intensity to a considerable extent.

*Symptoms.*—Shivering is best noticed when the animal is backing, or endeavouring to back, as in many cases it is utterly impossible for the animal to back at all. It is more noticeable if the animal be harnessed to a vehicle, when, on trying to back the animal, it is discovered that he cannot back; or, if he does, it is only with the greatest difficulty, and causes him to become very much excited. He acts as though stubborn, a peculiar twitching of the muscles is observable, and the tail is slightly elevated and quivering,

and the more force that is brought to bear to cause the animal to back, the more aggravated the symptoms become, and many a poor horse has been cruelly whipped for not backing, when it was utterly impossible for him to back.

*Treatment*, as a rule, is useless. Nerve tonics, sedatives, stimulants, etc., may be tried.

**Immobilitéé.**—This is also a form of chorea, and is probably due to some irritation in connection with the spinal cord.

*Symptoms.*—The symptoms are very plain. So long as the animal is not excited he may walk and trot about, and give no sign whatever, and he may be in pretty good flesh. However, crack a whip near him, or excite him otherwise, and immediately trot him out, when he will soon stop, begin to quiver, and his excitement becomes much increased. The quivering will begin in one leg, then extend to the other, and he will finally sit down upon his haunches, and so long as the excitement is kept up he cannot rise. The same results may be attained in the stable by exciting the animal. The practitioner should be careful in examining for this condition, as such animals make a large circle of acquaintances in the localities they live in. Nothing much can be done in the way of treatment. Another symptom is knuckling of fetlocks.

**Chorea in the dog** usually occurs as a result of distemper, and is general. It is treated by purgatives, laxative food, nux vomica or strychnia, arsenic, etc. The benefit claimed to result from the employment of setons is not sufficiently apparent for their use to be warranted in chorea.

### SPINITIS.

*Definition.* — Inflammation of the substance of the spinal cord, and if the coverings of the cord are also inflamed, it is known as spinal meningitis. It occurs both in the acute and sub-acute forms, and there may either be

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effusion or softening; the spinal cord loses its power, and paralysis ensues. Anything affecting the brain may also affect the cord. As, for instance, injuries received in running away, or in various ways—rolling into a hole in the pasture and struggling violently, or struggling when confined for operations. Certain grasses and bad food also cause the disease. Severe exertion, nervous excitement, etc., also operate as causes. At times it might be classed almost as an enzoötic disease. It sometimes occurs also in connection with azoturea. It is very likely to terminate in paralysis, which may be due to softening of the spinal marrow. It is more common in stallions, resulting from slight inflammation of the cord and its coverings, followed by softening and paralysis; stallions, as before stated, being more subject to nervous diseases than are mares or geldings.

*Symptoms.*—The symptoms of the acute form are as follows. The animal shows very great nervous irritation, in some instances perspiring to such an extent that it would almost lead one to think it was a bowel trouble. He may fall, and be in many cases unable to rise without assistance. When assisted to his feet, he looks at his sides—again suggesting a bowel trouble. When lying down he will struggle violently to get up, and when up he makes the most frantic efforts to retain the standing position; in fact, sometimes a bone is fractured in the attempt to remain standing. Pyrexia is usually well marked. Pulse wiry and high, temperature elevated, etc. After a while the limbs can be pulled about or placed in any position without the slightest resistance being offered. One of the vertebræ may be fractured, and pressing upon the cord. The case may prove fatal in twenty-four or forty-eight hours from the first appearance of the attack.

Symptoms of the sub-acute form are, a quickened and

somewhat irregular pulse; the patient is very easily excited; there is partial loss of motor-power; convulsive twitchings, in some cases, of the shoulders or hind quarters are noticed. Perhaps he is able to rise only with the greatest difficulty, and walks with a dragging motion. In some cases the urine is retained within the bladder and voided in a natural manner; in other cases it is not voided as it should be, but dribbles away when the bladder becomes full to overflowing. The disease, according to my experience, occurs more frequently in winter than at any other time.

*Treatment.*—If due to an injury, and complete loss of motor-power is present, and the practitioner has reason to believe that the back is broken, or that the integrity of the spinal cord has been interfered with, destruction of the animal should be advised. In other cases, where reasonable hopes of a recovery may be entertained, the case may be treated. When congestion is present as in the early stages, nerve stimulants are contra-indicated, and their administration will do harm. Ergot of rye may be administered at proper intervals, and in the usual sized doses, and may be given in conjunction with potassium nitrate or iodide. Local applications, as counter irritants, are to be applied over the course of the spine, a newly-flayed sheep's skin being excellent for the purpose; cloths wrung out of hot water are also of great benefit. Various remedies may be used, as belladonna, bromide of potassium, etc. Aconite is also recommended. In cases where pain is excessive, an opiate should be given. After the congestive or inflammatory stage has passed off, a certain amount of effusion takes place, which is usually followed by softening of the cord. At this stage the administration of nerve stimulants is indicated—*nux vomica*, or its alkaloid, may be used. The after-treatment consists of good and nutritious food

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pure water, gentle exercise when able to bear it, frequent grooming, and no attention which can be bestowed upon the animal should be withheld. Spinitis sometimes terminates in some form or other of paralysis, for symptoms, treatment, etc., of which see 'Paralysis.'

### PARALYSIS.

*Definition.*—Loss of voluntary motion, either with or without loss of sensation. It usually comes on suddenly, hence has been described as a 'stroke,' but occasionally it comes on slowly. It may be divided into two classes, 'perfect' and 'imperfect,' the first-named causing death very quickly. It may again be described as 'general,' and 'partial,' or what perhaps would be better, as complete and partial. It is further subdivided into 'hemiplegia,' paralysis of one side of the body, common in man but rare in animals, and 'paraplegia,' paralysis of the posterior half of the body. This is the form usually seen in animals. Again, it is described as 'local,' that is, where paralysis of a muscle, or two or three muscles, occurs, a very good example being paralysis of the muscles of the lips. Reflex paralysis is where paralysis is caused by irritation existing at the peripheral portions of the nerves, a very good example being the paralysis due to gastric irritation, and so frequently following gastritis. Pressure on the spinal cord causes paralysis of all the parts posterior to the injury.

*Hemiplegia.*—This form of paralysis is of very rare occurrence amongst the lower animals, and results from some disease of the brain, as sunstroke, or an injury, as concussion caused by a blow, fall, etc. It is often associated with cerebral tumours.

*Symptoms.*—When down the animal cannot rise, motor-power, and sometimes sensation of one half of the body, being lost. The coat becomes staring, dry, and dusty; debility



becomes more and more marked, and finally death takes place. Sometimes a cure is effected, but it is very rarely indeed.

*Treatment.*—If the animal can support any portion of his own weight when up, it is advisable to place him in slings. Clothe the body according to the season. The patient is to be carefully dieted, and may receive a purgative, to be followed by nerve stimulants, as nux vomica, or its alkaloid strychnia. A moderately strong embrocation may be used a couple of times daily; hand-rubbing may also be of benefit, but it is as a rule wasted time to treat the affection.

*Paraplegia.*—This form of paralysis frequently comes under the notice of the veterinarian. It is caused in a great variety of ways, as by slipping, falling, jumping with a heavy weight on the back, by being cast and secured for an operation, or anything that will cause fracture of the dorsal or lumbar vertebræ, and sometimes by fracture and displacement of any of the bones of the vertebral column by violent muscular contraction on the part of an animal when secured for the purpose of having an operation performed. More particularly does this take place where the animal is old, and ankylosis of the vertebræ exists. Ankylosis of the vertebræ is to be suspected in horses with spavins, ring-bones, etc. In such a case the operator is not to blame for the accident. Paraplegia may also be caused by gastric irritation, softening of the spinal cord, by the presence of tumours pressing upon it, and also may be caused by the presence of tumours or deposits of a tuberculous character. The portion of the spinal column most liable to injury is that formed by the lumbar and posterior portion of the dorsal vertebræ. Where complete loss of motion is present, there may for a short time afterwards be sensibility, and some slight motor power of the tail may remain, but this gradually disappears. If the paralysis be due to fracture of the anterior dorsal vertebræ, there will be loss of motion in the anterior as

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well as in the posterior extremities. When the posterior extremities only are paralyzed, the practitioner may know that the injury is situated pretty well back. If injury to the spinal cord occurs anterior to where the phrenic nerve is given off, death occurs instantaneously. Partial loss of power is oftenest seen in stallions, the symptoms being a slightly staggering gait, and a sort of plucking up of the legs when backed. This form of paralysis may be treated with success by nerve sedatives, proper diet, etc.; changing after a while to nerve stimulants. Support the animal in slings, unless he throws his whole weight in the slings, in which case do not sling, as the lungs and bowels cannot act. The same treatment is applicable to paraplegia where it is curable.

**Paralysis of the Lips.**—This form of paralysis is by no means rare in the horse, and is usually referable to some injury to the brain, the origin of the nerve going to the lips. On the American continent it is due to cold oftener than anything else. Irritation of the nerve by an ill-fitting halter will also produce it.

*Symptoms.*—Hanging of the lip, which may also be slightly drawn to one side. The animal has great difficulty in prehension, and in some cases mastication seems difficult. On taking a drink, the animal thrusts his muzzle deeply into the pail.

*Treatment.*—If due to a badly-fitting halter, remove the cause, bathe the lip with warm water, dry thoroughly, and rub with an anodyne liniment. Give a laxative and soft food. In certain cases stimulate the parts with a mild blister. If due to brain trouble, the cure will be difficult, and the animal will exhibit the usual symptoms of brain affection.

**Paralysis of the Coccygeal Muscles.**—Symptoms are those of paralysis, easily recognised. Slightly elevate the tail with a crupper, and use nerve-stimulants, etc.

**CEREBRO-SPINAL MENINGITIS.**

*Definition.*—Inflammation of the spinal cord, brain, and coverings. 'I question very much whether there is any very active inflammation in the parts, and consider that the symptoms may be produced by congestion of the blood in the vessels of the part, causing pressure upon the brain and spinal cord, and producing the disease. A good name for it would be cerebro-spinal fever. It is comparatively a new disease, and it might be said that it is confined to the American continent, as we hear very little about its occurrence in any of the old countries. The affected part is the cerebro-spinal axis, or system, but I am inclined to think that the great sympathetic system is also involved. Irritation may be caused by poisonous substances being taken into the system in quantities sufficient or of a kind to produce this disease. It is a far more common disease of man during the last twenty years than ever before' (Smith). In horses it is more common in the United States, and it is of greater frequency amongst horses standing in badly-ventilated stables, as underground stables, etc., the reason in all probability being that such horses are necessarily debilitated to a greater or less extent, and are consequently more susceptible to the influence of the poison, whatever that may be. Imperfect drainage, bad ventilation, the crowding together of large numbers, poor food, etc., undoubtedly debilitate and render both animals and men more susceptible to disease. The disease has occurred in comparatively a mild form, and has affected few animals, except in large cities. During the year 1872 it made great havoc in New York, Boston, and Philadelphia, the street-car horses suffering more than others. The disease occurs in an enzoötic and in a sporadic form, the latter form being the one chiefly met with in Canada.

*Causes.*—Cerebro-spinal meningitis is said to be produced by atmospheric influences, bad ventilation, etc. Among the exciting causes may be mentioned food and water containing vegetable or animal matter in a decaying or putrid state, which has a toxic effect upon the system, and produces the disease. Professor Smith says: 'In nearly every case I have had, I have been able to trace it to water loaded with vegetable or animal matters in a state of decomposition. Some nine or ten years ago, I recollect a certain establishment was visited by a mysterious disease, quickly causing the death of nine or ten horses. All the healthy animals were removed from the town under the impression that it was some very fatal and contagious disease. I was sent by the Government to investigate the outbreak, and found the symptoms of cerebro-spinal meningitis well marked. The bowels were constipated, urine scanty, etc. The post-mortem showed no very well-marked symptoms. They were drinking water from a well, situated close to the stable, and into which some of the stable drainage ran during rains. I warned the owner not to use the water for his horses. He did not use it again until the following year, when he came to the conclusion that a well he had used water out of for so long could not possibly be of harm to his horses, and, notwithstanding my advice to the contrary, he again used it, and very shortly had all his horses affected with cerebro-spinal meningitis. They were also being fed on roots in a state of decomposition.'

*Symptoms.*—The symptoms of this disease vary considerably, and are governed by the part or parts most severely affected. There is loss of power, which may be suddenly or gradually developed. Anorexia is either partial or complete. In some cases at an early stage the temperature increases. After a time it decreases; then, as the disease progresses, it again increases. Spasm and twitching

of the muscles may be observed, sometimes of the posterior extremities ; and in other cases the muscles of the head and neck are affected, and symptoms of trismus are sometimes presented. The disease sometimes appears in an epizootic form. In very severe cases the animal reels about, falls, and is unable to rise, although he makes the most frantic endeavours to do so. The bowels are constipated, the urine is scanty, and there is an abnormally reddened condition of the iris, which may be detected by using the ophthalmoscope. In some cases well-marked cerebral disturbance is manifested, the animal is dull and drowsy, and becomes comatose ; this gives place to slight delirium, convulsions, and death.

Having had very little experience with this disease, I feel that I cannot do better than to again quote the observations of Professor Smith, who probably has had as great or greater experience with this disease than any other veterinarian. Professor Smith says : ' I have noticed as a symptom of the sporadic form of cerebro-spinal meningitis that the power of deglutition is lost. This symptom is never met with in the enzootic form of the disease. In Canada it generally occurs in a sporadic form, and the nerve centres are affected ; the pneumogastric nerve is interfered with in its functions, and the power of deglutition is lost. This is one of the principal and most prominent symptoms exhibited. We often hear of a number of horses becoming affected with some disease which runs a quick course and terminates in death. On making a post-mortem examination the disease is usually found to be cerebro-spinal meningitis. The symptoms of the sporadic form are as follows : Dulness of the animal is usually the first observable symptom. The bowels are constipated, and the patient exhibits great thirst, and on being given water will apparently drink heartily ; but on close observation being made it is seen that he is unable to swallow, although making every effort to do so. Where

loss of the power of deglutition is well marked the prognosis should be unfavourable. On opening the mouth and making an examination it is found to be cool, and in a perfectly normal condition so far as can be ascertained, and on account of the inability to swallow, the practitioner may be led to believe that some obstruction is present, and passage of the probang may be tried, which, on account of loss of power of the parts, may prove to be a matter of some difficulty. The ears are colder than natural, and the temperature is lower than normal, unless it be towards the latter stages of the disease, when it may be elevated; the pulse is slow and weak. These symptoms may last for twenty-four or forty-eight hours. In other cases symptoms of abdominal pain are manifested, the patient falls or lies down, and remains down for ten or fifteen hours, and will not rise unless whipped severely, or considerable force otherwise is brought to bear. In other cases the standing posture will be persistently maintained, and as a rule the disease will run its course to a fatal termination in from two to four days. Strabismus, or cross eyes, is also often present as a symptom of cerebro-spinal meningitis.

*Post-mortem.*—The brain and spinal cord are found to be congested, and in some cases considerable effusion is found to have taken place. There is exudation in connection with the intestines, and if the animal has been lying down for a long time there will be hypostatic congestion of the side he has been lying upon. In most cases the congestion of the brain and cord is well marked, and as a rule the bowels are found nearly or quite empty. It is possible for death to occur, however, without any well-marked post-mortem lesions being presented.

*Treatment.*—Where there is complete loss of power it is invariably fatal. If you get the case early, change the quarters to a nice box. Use belladonna, or give atropine

gr. ss. once or twice daily. Bromide of potassium is useful. Apply heat and cold alternately to the spine; hand-rub and warm the extremities with hot water, anodyne liniments, etc. Give stimulants, using a catheter or probang for the purpose, where power of deglutition is lost. Nourishment may be given in the same way. Change food and water of healthy as well as sick animals. Treatment is unsatisfactory as a rule, the animal generally dying.'

### CONVULSIVE ERGOTISM, ALCOHOLISM. Etc.

This is a disease due to feeding on distillery slops, etc. Ergot will produce diarrhoea, gangrene, dropping away of the toes, etc. Gangrenous ergotism, when attacking the human being, begins with a sense of weariness, and a feeling as though myriads of insects were crawling over the body. In a few days fever sets in, and the fingers, toes, and even legs, may, by dry gangrene, drop off at the articulations. To a certain extent the lower animals, and more particularly cattle, suffer from this condition, but not to such an extent as man. The disease is of more common occurrence in countries where large quantities of rye are used in making bread. Convulsive ergotism in animals is not uncommonly caused by eating over-ripe or ergotized grasses, and sprouted grasses, wheat, corn, etc., acting in a prejudicial manner upon the digestive system primarily, and secondarily upon the nervous system. There is one form of fungi that often produces it; this fungus is found in 'malt commons,' coming from breweries. However, when the brewer's grains are fresh, and acted upon by boiling water, they constitute a very good kind of food.

*Symptoms.*—The animal is very dull in appearance. There may be a slightly comatose condition, which is occasionally followed by more or less excitement. Loss of motor power sometimes is well marked, the slightest push being sufficient

to cause the animal to fall to the ground. The pulse is quickened, and there is a peculiar convulsive twitching of the muscles, as though caused by a poisonous dose of strychnia.

*Post-mortem.*—The rumen is found pretty full as a rule. Little change, if any, is observable in connection with the reticulum, omasum, or abomasum. The brain, spinal cord, and meninges are generally slightly congested.

*Treatment.*—Change the food immediately. Give a full dose of cathartic medicine, and follow with sodium hyposulphite in the ordinary sized dose. In some cases it is advisable to administer nerve stimulants, and follow with diffusible stimulants, etc.

**Hydrocephalus** (or water in the cranial cavity).—This condition is often met with, both in human and veterinary practice. As a rule the lower animals do not survive very long when suffering from hydrocephalus. The contrary may be said as regards the human, as they will live even to middle life, and have a pretty active brain. Sometimes the head of a foetus, on account of this disease, attains such a size that it is a matter of impossibility for delivery to take place. In such a case delivery is effected, or at least made possible, by making an opening into the cranial cavity of the foetus, and allowing the fluid contained therein to escape.

### STURDY, OR GID.

This disease affects sheep oftener than any other animal, although no animal is exempt from an attack. It is also called 'turnsick,' and is called 'gid,' in reference to the vertigo which occurs as a symptom. The disease is due to the presence in the brain of a parasite, called the *Cœnurus cerebrialis*, which is developed from the tapeworm of the dog; and this hydatid, if given to the dog, will produce a tapeworm, which, becoming fully developed, leaves the dog in segments, each ripe segment



containing a large number of eggs : the egg is picked up by the sheep whilst grazing or drinking; on reaching the stomach its shell is readily dissolved, setting free a minute parasite, which enters the circulation, by which it is carried along until finally it reaches the brain, where it becomes encysted, and sets up a considerable amount of irritation. It is most likely to exist where sheep and dogs mix. Any part of the brain may be attacked, but the hydatid usually locates itself in the upper part of one hemisphere, or between the hemispheres. The pin-like points on the hydatid penetrate the covering of the brain, causing effusion, and sometimes absorption of the bones.

*Symptoms.*—The affected animal leaves the flock, walks in a circular manner with the head carried on one side, when the hydatid is located in one hemisphere; when it is situated between the hemispheres, the head is carried in an elevated position, and the animal has vertigo. There is softening, elevation, and partial absorption of the bones.

*Treatment.*—Make an opening, and draw out the fluid and the hydatid at the same time with a syringe.

### RABIES.

*Definition.*—A disease of the nervous system characterized by fever, a high degree of irritability and excitement, the presence of a spasm, a disposition to bite, great prostration, and finally death. It was called hydrophobia on account of inability on the part of the sufferer to drink water, which inability was supposed to be caused by dread of the liquid. However, as the rabid animal has not the slightest dread of water, and is only prevented from taking it by spasmodic action of the muscles of deglutition, it will be seen that the term 'hydrophobia' is a misnomer, a far better name being rabies (from 'rabio,' to rave).

Man and all of the lower animals are liable to this

disease, which is of rather frequent occurrence, and quite recently has been remarkably prevalent in England and some of the United States of America. It occurs oftener amongst dogs than other animals. It is very rarely noticed in Australia and New Zealand, and has, until recently, been comparatively rare in Canada and the United States. It is, however, very common in Peru, Chili, and some other countries. Rabies belongs to the class of zymotic diseases, and is communicable by inoculation to all warm-blooded animals. It is stated by some writers to be spontaneously generated, but I believe it to be due in every case to contagion. Climate does not appear to exert any amount of influence over its production. It is very generally imagined by people that dogs are more liable to have the disease during very hot weather; hence it is that laws have been passed nearly everywhere requiring dogs to be muzzled during the hot season. It is barely possible that the disease may be invited or developed by the irritation caused by the muzzle, and want of a proper supply of water. However, experience proves that hot weather does not exercise the slightest influence, so far as being the actual cause or producing the disease is concerned. The contagious principle or virus exists only in the fixed form, and never in the volatile form, so far as is known. The virus exists in every tissue of the body, but in the brain, spinal cord, and saliva it is found in its most potent forms. The potency of the virus is, however, soon lost after death occurs. It is claimed that the virus becomes weaker after passing through several bodies. The first bites of a rabid dog are said to be the most dangerous. The period of incubation varies from ten days to six or seven months, and in man cases have been observed wherein the period of incubation varied from five days to ten months, and a few cases are recorded wherein several years elapsed after the bite was

received before the disease manifested itself. However incredible this may seem, it is nevertheless true. Rabies, as it ordinarily occurs, is produced by a bite from a rabid animal, the virus being left in the wound at the time the bite is inflicted. It may also be produced by an affected animal—or one that has been exposed—licking a wound, etc. It may be communicated in other ways, as in the case of a man who, while skinning a dog that died of the disease, thoughtlessly placed the knife in his mouth, as a result of which simple action rabies became developed within the usual period. The symptoms presented tend to show that the disease depends upon some peculiar change in, or action upon, the nervous system. It is a disease that very quickly spreads; and every practitioner, to insure his own safety, should thoroughly understand the malady, and be able to recognise it at a glance. It is nothing unusual so see a dog hounded about the streets, and said to be mad, when he is not rabid, but is only excited or frightened.

*Symptoms.*—Rabies, as affecting the dog, occurs in two forms: a furious, and a dull morose form, the latter being known as dumb rabies. Like other brain affections, this disease is preceded by dulness: it is noticed that the animal is not so lively as usual, but is slightly dull and somewhat sullen; this period of dulness is followed after a time by temporary fits of excitement, after which the patient may relapse into the previous condition of dulness. The animal also shows a tendency to seek out-of-the-way places, where he will lie very quietly for some time, when suddenly he will become greatly excited without any apparent cause. Another prominent symptom is a depraved appetite, the animal eating dirt, fæces, etc.; he becomes savage, and will bite or snap at any object, animate or inanimate, that comes in his way, or that moves in his immediate vicinity; and a dog that in health has been

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noted for his docility will, when suffering from this disease, become very irritable and prone to bite. A rabid dog, however, will not go far out of his way to inflict a bite; neither does he inflict several bites in succession, but snaps at any object that may happen to be in his way, and passes on. One peculiarity of the disease is that the affected animal shows a great antipathy to animals of his own species. He travels with a peculiar long swinging trot, the tail hanging down, and often with the tongue hanging out of the mouth. Generally an excessive secretion of saliva takes place and flows from the mouth, and the head is carried lower than usual, except at the moment of excitement. Deglutition, which at first is not very difficult, gradually becomes more and more so, as the disease progresses, until finally any effort to swallow results in a severe convulsive fit, or spasm of the muscles of deglutition. The periods of excitement are followed by corresponding periods of depression; the former as the disease advances becoming less marked and of shorter duration, while each of the latter occurs in a form better marked, and is of longer duration than the one preceding it. Finally, paralysis partial or complete occurs, and is quickly followed by death.

*Treatment.*—After the disease has become manifest, its invariable termination is death, hence the affected animal, instead of being treated, should be destroyed at once. In the case of a valuable animal or a member of the human family being bitten by a rabid animal, the wound should as soon as possible be thoroughly cleansed and freely cauterized; caustic in a liquid form being preferable, as if used in a solid form some portion of the wound is likely to escape the action of the caustic. In addition to which, as a precautionary measure, inoculation as practised by M. Pasteur (the French scientist) may be performed, it being claimed that by inoculation (after infliction of the

bite) the occurrence of the disease may be prevented, an assertion that is disputed by many; however, it is not my intention to here discuss the efficacy or non-efficacy of M. Pasteur's method of prophylaxis; suffice it to say, that the experiments up to the present time have been eminently satisfactory, and that the sanguine expectations entertained in regard to the beneficial results of inoculation will in all probability be fully realized.

Rabies, as affecting the horse, is caused by the bite of a rabid animal, or in some way coming into contact with the rabic virus, which, having gained entrance into the system, sooner or later exerts its peculiar effects and causes death. The disease manifests itself in a great variety of ways, it being very rarely indeed, if ever, that two cases are met with in which the symptoms presented are identical. As a rule, however, an animal suffering from rabies shows a disposition to bite, and viciousness generally is manifested, the animal endeavouring to destroy everything within its reach. The symptoms of general derangement of the nervous system are exceedingly well marked; the animal never rests for a moment, but paws and stamps violently, occasionally sweats profusely, and, the excitement increasing, a perfect paroxysm of fury is at last reached, when it is a matter of extreme danger to approach the animal, as he will attack with the greatest ferocity any person or thing that may be in his vicinity. A paroxysm is usually succeeded by an interval of quietude, probably of exhaustion; the slightest noise, however, usually sufficing to bring on another paroxysm. There may be a hoarse cough, which, on being heard, will at once command attention on account of its peculiar sound; there may also be observed quickened breathing, and while thirst is manifested, the patient is unable to swallow, or does so with great difficulty, owing to spasm of the glottis. Rapidly

recurring and prolonged convulsive fits quickly produce exhaustion, and death invariably occurs in the midst of frightful convulsions, in the course of three or four days after manifestation of the first acute symptoms of the disease, treatment being of no avail whatever.

## CHAPTER VIII.

### The Blood.

The blood is the great fluid of the body ; it is the life-giving principle, as upon it all vitality depends. The majority of diseases are caused by some change in the blood. It serves to nourish the various tissues of the body, as well as serving to eliminate all effete material. During the day, when the mind and body are actively engaged, waste of the tissue takes place. This waste at night, during rest, is repaired. It has been computed that, during a year, a man receives about three thousand pounds of air, water, food, etc., and wastes the same amount by means of fæces, urine, etc. When the blood ceases to circulate, death results, as in fatal hæmorrhage, viz., syncope, or the heart may lose its contractile power through the action of some poison. Again, when the blood ceases to circulate through the lungs, death takes place by asphyxia. In cases where cerebral disturbance interferes with the action of the muscles of respiration, the breathing becomes stertorous and difficult, and death results from coma. The circulation of the blood is carried on by means of the heart, arteries, veins, and capillaries. The arteries are very elastic, and have the power of contractility by virtue of their muscular coat. The veins have numerous valves formed by a doubling of the mucous membrane ; these valves accelerate the circulation of the blood, forcing it onward in the way it should go, and prevent regurgitation taking place. The

capillaries are very delicate and minute in size. The blood is red in colour, saline in taste, and consists of solid and fluid portions. The corpuscles, white and red, form the solid portion of the blood, and the liquor sanguinis forms the fluid portion of the blood. The red corpuscles are found chiefly in the centre of the circulating stream, and the white are found on the edges of the stream, clinging to the walls of the vessels, and occasionally passing through by osmosis. The corpuscles exist in the proportion of three or four of the white to one thousand of the red. The temperature of the blood is usually about 100° F. It is homogeneous when first drawn from the body, but soon loses this condition, separating into a crassamentum, or clot, and a serous or fluid portion. The red corpuscles are disc-shaped, and slightly smaller than the white corpuscles, which are of irregular outline, and have the power of changing their shape. When the red corpuscles become altered in shape, it is always on account of the presence of disease. The chemical composition of blood is as follows: water, 784; albumen, 70; fibrin, 3; alkaline and neutral salts, 8.5; corpuscles, 127; other substances, 7.5; total, 1,000 parts. Water is a very important constituent of blood, as by it a proper degree of fluidity is preserved. Albumen is also very important, being derived from the chyle, and constituting the concentrated nutriment of the chyle. In speaking of certain conditions of the blood we say there is an excess of fibrin, or too small a quantity of fibrin. Blood possesses the property of spontaneous coagulation by virtue of the fibrin which it contains; and, when hæmorrhage occurs, it is the fibrin which causes it to stop. When fibrin does not exist in sufficient quantities, as in some diseases—purpura, for instance—hæmorrhage is likely to be fatal. The amount of blood in an animal varies from one-eighteenth to one-twentieth of the total weight of the

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The temperature. It is homogeneous soon loses its color, and the corpuscles, the power of which become the presence of as follows : and neutral 7.5 ; total, constituent of preserved. from the ent of the blood we quantity of ous coagulation, and, when it to stop. ities, as in ge is likely varies from ght of the

animal. The blood is bright red in the arteries, and is known as 'arterial blood.' It is of a dark red in the veins, and is known as 'venous blood.' It is perfectly natural for healthy blood to coagulate and separate into two parts. On placing blood in a bottle or other vessel this change will take place in from fifteen minutes to half an hour. The solid portion is composed of corpuscles and fibrin, while the serum is formed of albumen and the various salts. The addition of soda to freshly-drawn blood will prevent coagulation to a certain extent ; while chlorate of potassium will cause it to coagulate and remain in that condition.

### INFLAMMATION.

*Definition.*—An alteration in the healthy structure and functions of the affected part, accompanied by a perverted condition of the blood in the capillaries, all of which may be considered as due to a certain amount of paralysis in the vital principle of the tissues inflamed (Smith).

The phenomena of inflammation have excited inquiry, and been subjects of controversy amongst votaries of the medical science for ages. Half a century ago inflammation was considered to be caused by increased nutrition and determination of blood to the part affected. Another definition of inflammation is, 'an exudation of lymph or liquor sanguinis.' Before inflammation takes place there occurs a change called hyperæmia, or congestion. When the blood exists in too great abundance in one particular organ or tissue, without any particular change taking place, it is known as healthy or active congestion, caused by active work or exertion. Again, it may be caused by nervous influence, in illustration of which may be mentioned a blush, or anger causing the cheeks to flush or become pale. It either decreases insensibly, or may in some cases give rise to hæmorrhage, etc. When the flow of blood to the heart



is impeded, it is called mechanical congestion, and passive congestion is when the blood circulates in a sluggish manner. To have health there must be a regular and not far-distant supply, a right state and composition of the blood, proper nerve force, etc. The blood should move in a regular and even manner through the arteries and veins, the red corpuscles most abundant in the centre of the stream, and moving faster than the white. When the nerve stimulus is proper, a certain amount of contraction of the blood-vessels persists, and the circulation of the blood is regulated thereby. When the nerve stimulus is increased to any great extent, the vessels appear to be paralyzed, and instead of contracting, they dilate; exudation of white, and sometimes of red, corpuscles takes place through the walls of the capillaries, the white corpuscles being called leucocytes. When the vessels dilate, the blood rushes into them, the circulation becomes slower and slower, and inflammation is finally set up.

Inflammation is manifested by heat, pain, redness and swelling. The heat is due to the amount of blood that is sent to the part, as well as to certain changes which are taking place in the blood itself. The heat is more apparent to the sufferer than to the observer; it is more sensibly increased, and becomes more apparent to the examiner, when the inflammation is remote from the centre of circulation. Pain is a characteristic symptom of inflammation, a good example being in laminitis, in which the pain is excruciating. In pneumonia, the horse very often appears to be suffering pain only in a very slight degree, if at all, even in cases where the inflammation is sufficiently severe to cause death.

Redness depends upon the quantity of blood sent to the parts; sometimes it is a dark red with streaks in it, at other times a bright red or florid colour is observed, in which case the inflammation is of the most acute type. Swelling

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is usually a prominent, but not an invariable sign of inflammation. It is due to an engorged state of the blood-vessels of the parts affected, or to exudation. As a rule, swelling is to be regarded as a favourable symptom when occurring in inflammation, as it affords relief, allaying pain, etc., except when occurring in connection with the sensitive laminae and similar parts. Inflammation occurs in two forms, known as the 'sthenic' and 'asthenic' forms. The sthenic type in inflammation is usually seen in vigorous animals, and may possibly occur in an animal in ordinary condition, but very seldom, if ever, occurs in an animal in a poor or debilitated condition, the asthenic type being the one usually met with in the latter class of animal, more particularly if the affection be one of the lungs. Inflammation is further subdivided into chronic, acute, subacute, local, diffused, and specific, this latter form being caused by the presence of some animal or blood poison in the circulation. A full, bounding pulse generally accompanies inflammation of a 'sthenic' type; the asthenic type is generally seen in lung diseases of an epizootic and depressing character, and pulse usually weak. The results of inflammation are resolution, adhesion, effusion, suppuration, ulceration, and mortification, or gangrene. In 'resolution' the part is restored to its natural condition in delitescence, some soothing application is applied, and the inflammation is allayed very quickly. The exudation may solidify, in which case applications are to be made to break down the structure, and as a liquid it may be got rid of. 'Adhesive inflammation' is where there is inflammatory action, and the exciting causes, as exercise, etc., are kept up until a permanent thickening of the affected part results. 'Effusion' is where an exudation of serum takes place, as in inflammation of the pleuræ, etc. 'Suppuration' is usually regarded as a favourable result of inflammation, as it is a curative process. 'Circumscribed'

suppuration is in the form of an abscess. 'Diffused' suppuration is where suppuration takes place over an extensive surface, as in injuries of the groin, etc. In circumscribed suppuration an enlargement makes its appearance, which on palpation is found to be hot, hard, and painful. It goes on gradually increasing until a full state of development is reached; it comes to a point and finally bursts. The exudate surrounding it is gradually formed into pus, as in glanders, strangles, etc. As a rule we apply heat to the part to favour the development of pus, and hasten suppuration, hence stimulating applications, as liniments, vesicants, etc., are applied. Suppuration is also seen in wounds of any size which heal by granulation, formation of pus, etc., when properly treated. 'Ulceration' also occurs as a result of inflammation: the tissues degenerate, and are thrown off in exudation. It occurs usually in cases where the inflammation has been long continued, and the circulation of blood in the parts obstructed, and molecular death of the part occurs. 'Gangrene' occurs as a result of inflammation, and is death of the tissues either of a portion or whole of an organ. Gangrene may take place without inflammation having occurred, as it may be the result of an operation, or of anything interfering with the circulation of the blood. Gangrene affects the whole system, and sets up such a constitutional disturbance that death often follows as a result. In cases where recovery takes place, the gangrenous portions are removed by sloughing. In gangrene of the bowels death invariably results. It is wonderful how the lungs will recover when a part of them have been gangrenous, in which case the gangrenous portions are expelled in the same manner as any other foreign substance. Pus is a yellowish-white substance, composed of pus corpuscles and liquor puris, the latter being serum changed in condition. 'Laudable' or healthy pus has a creamy white colour, and is devoid of

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odour; sometimes it is mixed with blood, and is then called 'sanious pus.' When pus has been retained for any length of time in a cavity it acquires an offensive odour, and is known as 'fetid.' Pus is called 'ichorous' when it aggravates and inflames the part it passes over; and 'specific' when it contains a poison capable of producing disease in a healthy animal when inoculated with it; such is the pus of glanders and farcy.

*Treatment of Inflammation.*—The first thing to do in the treatment of inflammation is to ascertain, if possible, what is the exciting cause. Having done this, it should be removed. The inflamed parts should be kept in a perfect state of rest. General quietude and dieting of the patient are also very important adjuncts in the treatment of inflammation. Medicinal remedies may be both local and constitutional. At one time blood-letting was practised indiscriminately, and considered to be the only means by which inflammation could be successfully combated. However, that idea is long since exploded, and other and more rational means of treatment are now adopted. Blood-letting is no doubt of some benefit in certain and judiciously selected cases of inflammation; but in a vast majority of cases the abstraction of blood is not only absurd and useless, but is positively injurious, and indiscriminate bleeding should be neither practised nor tolerated. One of the best reasons ever given for bleeding was the one given by the farrier who, on being asked by a gentleman what he was bleeding a horse for (the horse appearing to be in perfect health), immediately replied, 'For a shilling, sir.' Thousands of animal and human lives have been destroyed by the use of the lancet. Bleeding is, however, useful in certain cases, as in acute laminitis, etc. Cold water as a local application to allay inflammation is used extensively, is highly beneficial in some cases, and when judiciously

applied prevents dilatation of the bloodvessels, when applied with proper bandages prevents exudation, and where an exudate is already thrown out hastens its absorption. Warm water is also of great use where the pain is very severe, and the deep-seated structures are involved—in such a case being preferable to cold applications. Warm applications act in an opposite way to cold, as the warmth promotes swelling and relaxation of the tissues, allaying pain and irritability. Heat can be applied in various ways.

Counter-irritants are, in veterinary practice, of very great benefit indeed in the treatment of inflammation; as, for instance, in inflammation of the foot, where hot and cold applications have failed, a vesicant around the coronet will very often effect a cure. Counter-irritants are most useful in deep-seated or chronic inflammation, as sub-acute or chronic laminitis, etc. It is, however, very difficult to say how counter-irritants act. Sedatives, as blood-letting and the administration of aconite, are also used, and are of benefit in certain cases. Opium is also good where much pain is present; it is the sheet anchor in the treatment of enteritis. Purgatives are very useful, except in certain diseases, as purpura and lung affections; they act upon the bowels, increase the action of the absorbents, and cause elimination of effete material. Saline remedies, as nitrate, chlorate, and carbonate of potassium are all of very great value in the treatment of inflammation. Diuretics are considerably used in veterinary practice, there being no certain diaphoretic for the horse. In human medicine diaphoretics are considerably used, as diaphoresis is readily produced in man.

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## CHAPTER IX.

## Diseases of the Osseous Structures.

Diseases of bone are arranged under two heads, 'inflammatory' and 'non-inflammatory,' but the line of demarcation between the two is not very well defined. The process of inflammation takes place in bone just the same as it does in the soft tissues. Inflammation of the substance of the bone is termed 'ostitis.' Superficial ostitis is often associated with periostitis, or inflammation of the periosteum. Ostitis may terminate in resolution, or bony enlargements, etc. On making a section of a bone, compact and cancellated tissue is found. The first effect of inflammation of bone is to increase the size of the Haversian canals. More particularly is this the case in connection with the compact tissue. The earthy salts are partially removed, and their place is filled by the products of inflammation. The union between the vascular system and the earthy salts is dissolved, and the Haversian canals become irregular in outline, run into each other, etc. Inflammation of bone in a greater or less degree will cause exostoses, as spavin, splint, etc. Inflammation may be excited by a great many causes, but the most prolific cause of ostitis is injury, either direct or indirect. It may also be produced by a constitutional tendency. In joints the articular cartilage very often becomes absorbed, and osseous material is thrown out, producing ankylosis, which is union of the bones composing the joint, and a stiff or completely immovable joint is the result.

Another disease of bone is caries (ulceration, or death of the bone in small particles). Caries occurs sometimes as a result of poll-evil, fistulous withers, etc. As a general thing, the veterinarian has in his patients 'dry caries.' A horse may be lame in the hock, and that too for

a considerable length of time, without any external manifestation, as enlargement, etc., of the hock-joint, being shown. In such a case the articular surfaces of the bones are ulcerating. 'Necrosis' is death of a bone. A bone such as the humerus may die and be replaced. A case is on record where a scapula would have been replaced, accidental death of the animal alone preventing it.

### CARIES.

*Definition.*—Ulceration, or death of bone in small particles. The vertebrae are oftenest affected, as in poll-evil and fistulous withers. In the extremities, the hock bones, the pastern, and navicular bones are the ones oftenest affected. A dried specimen of carious bone presents a dry, worm-eaten appearance, due to molecular decay, and it is as a general thing unassociated with pus. In the hock-joint caries is associated with spavin, and in the navicular bone with navicular disease. Caries is, of course, sometimes accompanied by a discharge of a very offensive odour, due to the presence of sulphuretted hydrogen. On going to the bottom of a sinus, the presence of a carious bone can be at once detected by the sense of touch.

*Treatment.*—The general treatment of caries is somewhat tedious, but in every case the practitioner is to endeavour to bring about a healthy action, and as a rule, the first step in this direction consists in cutting down upon, and exposing the diseased structures. As, for instance, in a case of fistulous withers, the knife should be freely used to divide the soft tissues until the diseased bone is reached, when it should be scraped with the bone-spoon until all carious portions are removed. Where extensive disease exists, scraping with the bone-spoon will rarely suffice, in which case a portion of the bone must be removed by means of the bone-forceps or bone-saw. Sometimes it is only neces-



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sary to stimulate the parts; that is, where there is only a slightly diseased condition of the bone. In such a case it may be sufficient to touch the diseased portions of the bone with dilute hydrochloric acid. If the presence of caries in an articulation be suspected, the treatment should, of course, be different. If it exists in the true hock-joint, a cure can never be effected; but if in a gliding articulation, the treatment consists in hastening the process of ankylosis. Therefore give rest, and try counter-irritation, which sets up a new inflammation. The products of the original inflammation become organized, converted into osseous material, and the process of union goes gradually on until ankylosis becomes complete and irritation ceases. The best form of counter-irritation in such a case is that resulting from the application of the actual cautery, after which the application of vesicants, repeated at proper intervals, may be attended with benefit, ankylosis usually becoming complete within a few months.

### NECROSIS.

*Definition.*—Death of bone. Necrosis is of rare occurrence in the lower animals, and when it does occur in the horse, it is due in a large majority of cases to injury, either directly or indirectly received, and is very rarely due to constitutional disturbance. Necrosis is analogous to gangrene in the soft tissues. After the bone dies it assumes a very white appearance, and seems to be harder than natural, and finally, becoming exposed to the air, it exfoliates, separates, and comes away. Necrosis is oftenest seen in connection with the lower jaw, and is due to injury caused by the action of the bit. When a portion of bone dies it must be got rid of in some way; its removal is effected usually by surgical interference, and sometimes by an effort of nature.



*Symptoms.*—After necrosis takes place material is exuded by which the necrosed bone becomes covered to a certain extent, soon swelling becomes apparent; after a while there is a discharge from the affected part and an abscess is formed, at which time the dead bone is separating from the living, and is enclosed within an exudate.

*Treatment.*—Enlarge the opening from which the discharge is flowing, and with the fingers or forceps remove the dead portion of bone.

Necrosis also occurs in connection with other parts besides the one mentioned, as the point of the ilium sometimes becomes necrosed in consequence of an injury. The symptoms and treatment are the same as above described.

When external exfoliation takes place in one of the cylindrical bones, the process is very tedious, and more so than in any other bone, as when necrosis is going on an exudate is thrown out between the necrosed bone and the adjoining bone, giving rise to an inflammatory process, swelling and suppuration; the covering by the exudate is not complete, but there are small openings through which matter is discharged; it might be said that the bone is dead, and 'buried' in new bone. It affects the constitution to such an extent that generally it pays best to destroy the patient unless valuable. A new bone may be formed which will exhibit nearly the same characteristics as the original bone.

**Abscess of Bone.**—Abscess of bone is also a result of osteitis, but is of very rare occurrence. In some cases pus may be confined within the bone for an indefinite period; inflammation is first set up in the cancellated tissue of the bone, its exciting cause being usually a blow or kick, and instead of the formation of ossific material, pus is formed, and an abscess results.

*Symptoms.*—After the formation of pus takes place, a con-

considerable amount of pain is manifested by the animal; there is lameness if in one of the bones of the limbs, where it usually is, and there is usually a circumscribed enlargement of the bone, not nearly so well defined, however, as an ordinary splint. This spot on manipulation is found to be very sore, the animal showing a strong objection to having the parts handled; a bone abscess is, however, as a rule, pretty difficult to diagnose.

*Treatment.*—Having located the abscess, it is to be opened by trephining, when, if the case has been correctly diagnosed, the imprisoned pus will escape, and relief will be instantaneous.

**Scrofulous Ostitis.**—This disease is most commonly met with among calves, foals, and other young animals.

*Causes.*—Scrofulous ostitis is caused by an insufficient supply of milk being given to the young animal; it may be due also to a naturally weak constitution. Where horses are allowed to serve a large number of mares, the foals often have this disease. It occurs now and then in a colt that apparently is perfectly healthy.

*Symptoms.*—The symptoms are usually well marked: when down the animal has considerable difficulty in rising, the articulations become swollen, and on making an examination of the parts they are found to be very painful; soon the joints become very much enlarged, in some cases so large that both hands will not reach around; pus is formed in considerable quantities and usually the sufferer dies.

*Treatment.*—In some cases it may possibly be overcome. Give good food, quietude, and gently stimulate the parts. It usually is connected with the stifle, hock, knee, etc.

## CHAPTER X.

Diseases of the Osseous Structures (*continued*).

## FRACTURES.

*Definition.*—A fracture consists of a solution of continuity in a hard structure ; in surgery it is generally understood to refer to a solution of continuity of bone. Fractures are more or less common among the lower animals, but probably occur with greater frequency amongst dogs. There are several varieties of fracture, as follows :

*Simple fracture* is that form of fracture in which the bone is broken in a clean manner, and straight or nearly straight across.

*Compound fracture* is where the broken ends of the bone separate, pierce the soft tissues, injure the skin, etc.

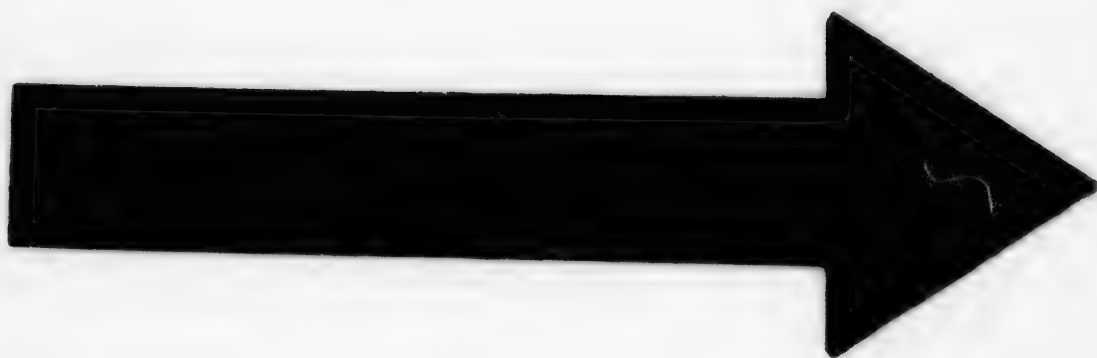
*Comminuted fracture* is where the bone is broken in several places or shattered.

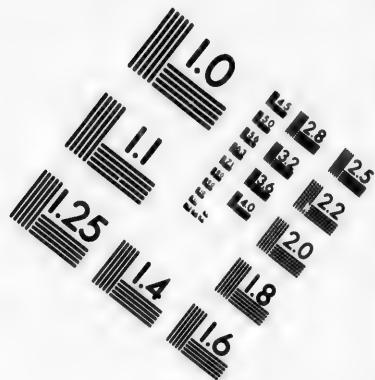
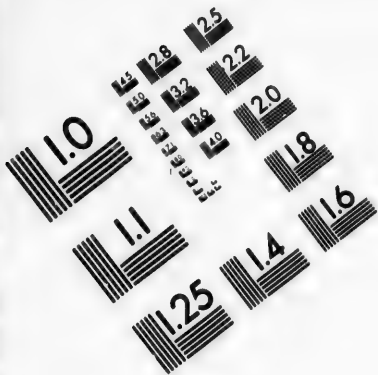
*Compound comminuted fracture* is a combination of the two forms of fracture described above ; in this form of fracture the bone is shattered and has also entered the soft tissues, lacerating them to a greater or less extent. Besides the above, fractures are described as 'complicated' when important bloodvessels, nerves, or an articulation is involved ; an 'oblique fracture' is so called on account of the break extending obliquely across the bone ; there may also be fracture without displacement, as sometimes happens when the tibia of a horse is fractured, and held in place by the periosteum for days or weeks, without displacement occurring, and in some cases the horse may do light and slow work even, the fractured ends of the bone meanwhile being held in apposition until complete reunion takes place. Fractures occur in various ways, and sometimes very simply, occasionally a very slight slip being

sufficient to break a bone. Muscular contraction, as exemplified in the struggles of a horse when cast and secured for the purpose of undergoing an operation, is a not at all uncommon cause of fracture; rearing up and falling backward is a common cause of fracture of the occipital ridge. The fracture is, however, not always confined to the ridge, but may extend to the basilar process, in which case death occurs very quickly. External violence also causes fractures, as kicks, blows, etc. Split pasterns are met with occasionally; such a fracture would be described as 'longitudinal fracture.'

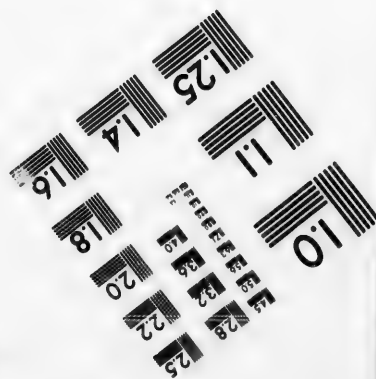
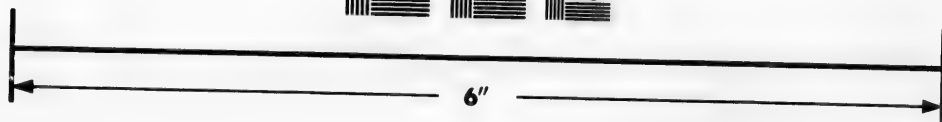
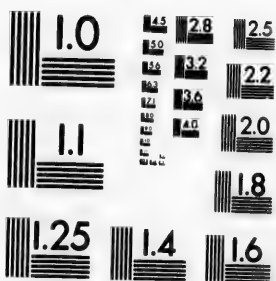
*Symptoms.*—As a rule the general symptoms of fracture are plain, but sometimes excessive swelling occurs, when it becomes a matter of difficulty to state positively whether a fracture has taken place; especially is this the case with bones deeply covered by muscular tissue. Sometimes the fractured ends of the bone, if in a limb, may pass each other; in such a case the fracture can be felt with the fingers, as well as detected by the eye, and is easily diagnosed. On manipulating the parts when fracture is present, the broken ends of the bone come into contact, and passing over each other give rise to a grating sound known as 'crepitus' or 'crepitation'; in some cases this symptom is very plain, but in a part clothed deeply by muscular tissue a fracture may exist and crepitus not be discoverable, especially if much swelling has occurred; in fracture without displacement it is almost or quite impossible to discover the presence or exact location of the fracture, although the practitioner may feel very positive of its existence.

*Treatment.*—There is good reason to believe that a fractured bone in the lower animals can be repaired in much less time than would be occupied in the union of a similar fracture occurring in man; but the treatment of fracture in the lower animals is rendered a matter of great difficulty on





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account of the trouble in applying and retaining splints and other appliances, also on account of the difficulty in keeping the patient quiet. Generally speaking, if the animal be one of small value the practitioner had better advise its destruction. On the other hand, if the animal be a valuable one it may be worth while to treat the case. As a general thing, compound fractures cannot be treated successfully. Having examined the case and decided that fracture is present, the practitioner must endeavour to bring the fractured ends of the bone into position, and the sooner this is attempted the easier it will be to effect. Having done this, splints must be applied in such a manner as to retain the fractured ends in complete apposition. Bandages may also be applied, being formed of cotton or calico stiffened with starch, or plaster of Paris, and care should be taken to secure bandages of the proper size as regards width and length. The bandage should be dipped into, or have poured upon it as it is being applied, starch or plaster of Paris, either of which, on setting, or becoming dry, forms a perfectly reliable and unyielding bandage, which being, as it were, moulded to the parts, is not likely to cause any undue irritation or feeling of discomfort to the patient. Leather may also be used for splints: a nice appliance is a sort of felt that can now be obtained, which on soaking a few minutes in warm water becomes perfectly pliable, and can be moulded to the shape of the part, and on cooling becomes perfectly stiff and unyielding. The animal should be placed in slings if the fracture be in one of the limbs; if fracture of the pelvis occurs, nothing can be done except to keep the patient perfectly quiet, and assist nature as much as possible, and nature sometimes effects wonderful cures.

**Modes of Union.**—The mode of union, as well as the length of time occupied in repair, depends to a great extent



upon the bone fractured. First an effusion of blood takes place around the fractured ends between the periosteum and the bone. After a certain time this sanguineous effusion is removed by absorption. An exudation of lymph takes place, the reparative material being deposited between the fractured ends of the bone, and is known as the callus. The callus increases in hardness from day to day, until it finally becomes as hard as any bone, and then the process of reparation is completed. It is wonderful how quickly the above-described changes will take place, particularly in the dog. The process of repair takes place very rapidly indeed if the fractured bone be a small one; it is, however, somewhat tedious if the fractured bone be a large one; but if the fractured ends are placed and retained in proper position, and the animal not too old, union is only a question of time.

**Dorsal Spines.**—The dorsal spines are liable to fracture. A fracture here is generally due to an ill-fitting saddle. Often in old horses ankylosis of the dorsal vertebræ exists and is manifested by a peculiar stiffness of the back, well shown when the animal turns around. The back descends to a certain extent. (On casting such a horse fracture of the bodies of the vertebræ is very likely to occur, and will generally produce complete or partial paralysis. If the fractured parts separate and press upon the cord, the animal will be unable to rise, and complete paralysis may occur. On pricking the animal with a pin he shows no sign of having felt it. The hind-legs can be moved about in any direction, or placed in any position without the slightest resistance being offered by the patient. The fæces, etc., may be passed involuntarily.) The symptoms of fracture of the lumbar vertebræ are about the same.

*Treatment.*—If the case is diagnosed to be fracture of one

or more of the superior spinous processes, the detached portions of bone should be cut down upon and removed, and if the bone is found to be diseased it should be touched with dilute hydrochloric acid; if the bodies of the vertebræ are fractured, as a rule, nothing can be done.

**Sacrum: Fracture of the Transverse Processes.**—Fracture of the transverse processes of the sacrum is caused by slipping, etc. The animal may start a little quicker than usual and cause this fracture. Muscular contraction will also cause it, and sometimes such a simple thing as the animal placing his foot upon a stone or slight inequality of ground is sufficient.

*Symptoms.*—There is difficulty in moving. Before very long it is observed that the haunch falls to a certain extent. There is no well-marked crepitus in connection with this fracture, for obvious reasons. If the parts swell very much, and the constitutional symptoms are manifested in a severe form, the prognosis should be unfavourable; if no constitutional symptoms of a severe character are manifested, the prognosis may be favourable, and the probabilities are that a cure can be effected in the course of two or three months. In some cases, after a cure is accomplished, the action of the animal may be impaired for life. However, in many cases, if treated properly and cured, the action will be as good as ever it was.

**Ilium.**—Fracture of the supero-anterior spine of the ilium is one of the most common accidents of horse-flesh. It is usually caused by the animal running through a doorway, or other narrow place, and striking the part against the door-frame. It may also be caused by a fall, kick, etc. This injury is one not attended with serious results, and is manifested by swelling, slight difficulty in progression, and after recovery is complete the part presents a slightly sunken appearance.

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*Treatment.*—On account of the presence of the powerful muscles of the part, it is a matter of extreme difficulty to get a proper union of the fractured ends. The patient should be placed in a quiet, airy loose-box, and kept as quiet as possible. In a great many cases union takes place not by the aid of ossific material, but a fibro-cartilaginous deposit is made, constituting a union by what is known as 'false joint.' This should always be looked for and pointed out in making an examination as to soundness. If the animal is not kept quiet, caries or necrosis may set in, rendering it necessary to open up the parts and remove any diseased or detached portions of bone that may be found. In some cases suppuration occurs and a discharge takes place, and persists for months, or a discharge may last a week or two and the parts heal, and in another week or so suppuration reappear. This may go on for an indefinite period. In such a case the probability is that there is a piece of detached bone or other foreign substance there which is keeping up the irritation, and the treatment is to open up the parts and remove the offending agent. After the animal recovers it does not seem to interfere with his action or usefulness to any great extent, and consequently he should not be much depreciated in value, if depreciated at all.

**Fracture of the dorsum of the ilium** is generally due to muscular contraction, a fall, etc. When this fracture occurs the haunch immediately falls, on account of contraction of the muscles of the part. There is also swelling, which is very extensive in some cases.

*Treatment.*—The animal is to be kept as quiet as possible. It may be necessary to sling the patient, after which use fomentations and apply plasters and charges.

**Fracture of the shaft of the ilium** is caused by falls, muscular contraction, etc. This fracture is usually of an

oblique character ; sometimes the slightest slip is sufficient to cause it.

*Symptoms.*—There is considerable difficulty in progression, but the animal is in many cases not nearly so lame as might be expected. There is difficulty in bringing forward the limb, and the haunch, by virtue of muscular contraction, is drawn downwards to a certain extent. Crepitus can be detected on applying the ear and having the limb moved, or by having the horse moved from side to side. Make an examination per rectum, and have the limb moved at the same time. The prognosis is usually favourable, especially if the patient be young and strong, and the constitutional symptoms are not very severe.

*Treatment.*—Perfect quietude on the part of the animal is essential to success. He may be placed in slings ; fomentations should be freely used ; a plaster or charge may be applied ; a mild dose of laxative medicine may be given if necessary. The food should be of good quality, etc.

**Ischium.**—The shaft of the ischium is the portion most liable to fracture, and the fracture generally passes through the foramen ovale. This fracture is also caused by slipping, falling, a false step, etc.

*Symptoms.*—There is considerable difficulty manifested in the act of progression. The haunch descends to a certain extent, but not so much as in some of the previously described fractures. Crepitus is present, and can be detected in the usual way. If the pubis is involved the pain is more severe, and the prognosis not so favourable.

**Fracture through the Symphysis Pubis.**—This fracture is usually caused by the leg slipping outward, and is oftenest met with in winter. It is a little more difficult to detect than some of the fractures previously described.

*Symptoms.*—The animal has great difficulty in moving the limb. One, or generally both limbs, are turned out to

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a certain extent. Examination per rectum, and moving the animal, is the way to diagnose it. If the animal be one of little value the owner should be advised to destroy it. If the animal be a valuable one treatment may be tried.

*Treatment.*—Treatment of this fracture is rather troublesome. The patient must be kept very quiet, and the hind limbs are to be drawn together and secured by means of a strap or a soft cloth passed around the hocks. Any constitutional symptoms that may arise are to be combated in the usual way; nothing else can be done, except to exercise patience and give the animal time in which to recover.

**Fracture of the tuberosity of the ischium** is caused by blows, kicks, falls, and occasionally it may be caused by muscular contraction.

*Symptoms.*—The animal shows difficulty in progression, there may be considerable swelling, etc. Recovery generally takes place in due course; in some cases caries or necrosis takes place, and treatment for those conditions will have to be adopted. In examining a horse as to soundness, this condition should not be overlooked. It is best noticed by standing on one side of the animal. However, it does not as a rule injure the usefulness of a horse, and more especially if he is to be used for farm or other slow work.

**Acetabulum.**—When fracture of the acetabulum occurs, the case is generally a hopeless one, and time expended in treating it is wasted. It is caused by muscular contraction, falls, kicks, blows, etc. In most cases the limb can scarcely be moved at all, the foot rests upon the toe, or is not placed to the ground at all, the limb is shorter than its fellow, owing to its having slipped out of place and being drawn upwards by muscular contraction, the pulse is quickened, great pain is manifested by the patient, and, on moving the limb, crepitus in a well-marked degree is found to be

present; considerable swelling takes place externally and internally.

*Treatment.*—As stated before, treatment is generally useless. If the animal be valuable, it may be treated, and a partial cure in some cases effected. Place in slings, use fomentations, anodyne applications, charges, plasters, etc., and exercise patience. In any of the above fractures, if the patient has a quick and weak pulse, coldness of the extremities, the mucous membranes blanched, etc., accompanied by considerable pain, it indicates that some of the bloodvessels are injured, internal hæmorrhage occurring, and death usually ensues.

**Scapula.**—The tubercle on the spine of the scapula sometimes becomes fractured. This fracture is usually caused by an injury, as external violence of any kind, kicks, etc., but it is never caused by muscular contraction. Necrosis is the usual result of this fracture, and is manifested in the usual way by suppuration, etc.

*Treatment.*—Cut down upon and remove any detached or diseased portions of bone that may be found.

**Fracture through the neck of the scapula** sometimes occurs, and may be caused in a variety of ways.

*Symptoms.*—The animal can scarcely move the limb. In some cases crepitus can be detected, swelling takes place, considerable pain is manifested, etc.

*Treatment.*—If the fracture be of the variety known as simple, it can be cured; but it will take a long time, and will be a great deal of trouble. The animal is to be placed in slings, and kept perfectly quiet. If the fracture extends into the articulation, the case is usually hopeless, the only chance being the exudation of material to cover it up. Necrosis of the scapula also occurs sometimes.

**Humerus.**—Fracture of the humerus is caused by falls, kicks, and severe injuries, such as are sustained sometimes

in running away. As a general thing, fracture of the humerus is incurable on account of the powerful muscles attached to it, and which pull the fractured ends out of place in spite of any appliance that can be used. Even where it is a simple fracture, treatment is rarely attended with success, and then only in a young animal.

*Symptoms.*—The fractured ends of the bone are drawn past each other; the limb is shortened, and the animal is unable to place any weight upon it; the patient manifests great pain; crepitus may, or may not, be well marked. Fracture of the external tuberosity on the shaft of the humerus sometimes occurs; the symptoms are slight pain, swelling, etc. If not removed, necrosis will finally occur, in which case it becomes necessary to make an opening with a knife, and, having found the detached or necrosed portion of bone, it is to be removed. Touch with hydrochloric acid, etc.

*Elbow.*—Fracture of the humerus or radius, but more frequently of the ulna, may occur, extending into the elbow-joint. It is most commonly met with among dogs, but occurs among other animals; in horses it may be due to inordinate muscular contraction, and is also sometimes caused by kicks, blows, falls, runaways, etc.

*Symptoms.*—This fracture is very hard to diagnose, and it is almost, if not quite, impossible to state the exact condition of the injured part. The animal is scarcely able to bear the slightest weight upon the limb; as soon as he does so he drops half-way to the ground; there is considerable swelling, much pain, and in some cases well-marked constitutional symptoms; there is great difficulty in moving, and he stands with the leg in a semi-flexed position. Soon extensive swelling and inflammation follow. The mode of diagnosis of this fracture recommended by Mr. Anderson, of Glasgow, is excellent; the only objection being the

danger of the experiment, as the animal is liable to fall upon the person who makes the test. Mr. Anderson's test is as follows: When this fracture is suspected, the practitioner is to place his knee firmly against the knee of the injured limb, and is to exert sufficient pressure upon the semi-flexed limb to straighten it and keep it in that position, which being done, an assistant is to lift up the other fore-foot. If fracture of the olecranon be present, the animal will be unable to stand.

*Treatment.*—If a case is undertaken the animal should be placed in slings; the parts should be placed, if possible, in proper position, and maintained there by bandages, splints, etc. When the process of caries or necrosis takes place the diseased or detached fragments of bone are to be cut down upon and removed, as described above. But, as a rule, advice should be given to destroy the animal, as the treatment of this fracture is not usually attended with success.

**Radius.**—Fracture of the radius is usually due to direct injury, as a kick, etc. Occasionally it may occur as a result of concussion. Sometimes a complete fracture of the radius may occur without the fractured ends becoming displaced. If a case is met with where the animal has received a kick and is manifesting great pain, although there can be discovered no displacement and no crepitus is present, the practitioner may nevertheless make up his mind that fracture is present, and that the fractured ends of the bone are held in position by the periosteum.

*Treatment.*—Place the animal in slings and apply starch, or plaster of Paris bandages, or in some cases the limb may be wound around with a tarred rope, or splints of various kinds may be used, as leather, wood, felt, etc.; but what is probably better, and in most cases necessary, is to use splints, or an iron apparatus reaching from the foot up to the elbow, and firmly holding the parts in position.



**Osseous deposits** are frequently met with in connection with the knee, due to an ossific diathesis and to injuries, etc.

*Symptoms.*—When the animal is trotted the knee is not flexed as it should be, and on flexing the joint the pad of the heel cannot be made to touch the elbow. It is incurable.

**Fracture of the knee** is caused by kicks and falls, concussion, slipping, etc., the small bones being often broken into several pieces. As a rule, when fracture occurs as a result of concussion, it is the worst form, and usually occurs when the horse is playing during frosty weather. If the horse is only an ordinary one destruction should be recommended; however, if the patient be an animal valuable for breeding purposes, it is worth while to attempt treatment.

*Symptoms.*—There is extensive swelling, and the lameness is very great. The animal shows evidence that he is in extremely great pain. On manipulating the parts the presence of crepitus is detected. Sometimes one bone only is fractured.

*Treatment.*—The animal should be given absolute rest so long as it seems necessary. Plaster of Paris or starch bandages may be applied, and the animal placed in slings. After a few weeks' rest the patient may be gently exercised; in fact, exercise is necessary, as in its absence ankylosis is very apt to take place.

**Metacarpals.**—Fracture of the large metacarpal bones is easily diagnosed, and if simple, can as a rule be successfully treated by using splints, bandages, etc., placing the animal in slings, and enjoining perfect rest and quietude. The small metacarpal bones are liable to fracture, and more especially are the apices of these bones subject to fractures from injuries inflicted by the animal upon himself.

*Symptoms.*—On trotting much lameness is manifested by the animal. The lameness is excessive, suddenly developed, and remains for some time. The diagnosis is assisted by noticing the animal's action and by manipulation.

*Treatment.*—All that is sufficient in any case is to apply any ordinary bandage and keep the patient quiet for some little time.

**Sesamoid Bones.**—Fracture of a sesamoid bone is a serious injury, and is most likely to occur from a violent sprain, as in galloping. If the patient be an animal valuable for breeding purposes, treat the case; if not a valuable animal, it is best to advise destruction. If the bone be fractured and displaced, the case may generally be regarded as hopeless.

**Os Suffraginis.**—Fracture of this bone occurs usually from concussion, and very rarely from direct injury. This bone suffers fracture oftener probably than any other bone in the body. It may occur very simply, as by an animal, whilst galloping, stepping on a stone or some little inequality of ground; it suddenly falters, and on an examination it is found that the os suffraginis is fractured. It is a very common accident among racehorses and hunters, and in England in particular.

*Symptoms.*—There is lameness to a greater or less extent. The animal can scarcely throw any weight upon the limb. Generally crepitation can be heard, but longitudinal, transverse, or oblique fracture may exist without crepitus being discoverable. In undertaking a case the practitioner should take into consideration the age of the animal, and whether it will be able to do its work after recovery.

*Treatment.*—Place the bones in position, apply bandages or splints, use plaster of Paris casts, place in slings, etc. If the fracture is near the lower end of the bone, anchylosis of the pastern-joint is likely to occur.

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**Os Corona.**—Fracture of the os corona is of rather frequent occurrence, but is not so common as fracture of the os suffraginis. The causes, symptoms, and treatment are about the same as those of fracture of the os suffraginis.

**Os Pedis.**—Fracture of the os pedis is caused by concussion, and occurs most frequently among running horses. While running they suddenly falter and pull up dead lame. Soon very great heat can be felt around the coronet, and on tapping with a hammer great pain is manifested. Nothing can be done except to rest the animal, and endeavour to combat inflammation. In the majority of cases it is an act of mercy to destroy the animal.

**Ribs.**—The ribs are liable to fracture from external violence, as falls, blows, kicks, etc. It often occurs without being suspected. As a rule the case progresses favourably. It has been noticed in the case of an animal that was halter cast and ribs broken, that he walked in an angular manner. During treatment quietude is essential, and, if considered necessary, a bandage may be applied around the body.

**Sternum.**—The sternum is rarely fractured, but is more subject to caries, due to inflammation caused by punctured wounds, etc.

**Symptoms.**—There is more or less swelling. After a time pus is formed, and discharged pretty freely, after which the discharge dries up to a certain extent, and again breaks out. It continues this way indefinitely.

**Treatment.**—The treatment consists of cutting down upon and removing the diseased parts of the bone with the bone-spoon or forceps, and touching with dilute hydrochloric acid, after which treat as a common wound.

**Femur.**—Fracture of the neck of the femur constitutes a very serious condition, and in a majority of cases renders

the animal useless. It is caused by casting and securing for operations, slipping, falling, etc.

*Symptoms.*—There is observed shortening of the limb, considerable swelling and heat, pain, crepitation, difficulty in moving the limb, etc. If the trochanter major be fractured, there is difficulty in extending the limb.

**Femur.**—Fracture of the trochanter externus is manifested by symptoms very similar to those of the condition previously described. The treatment consists of keeping the foot in a natural position, quietude, etc. Fracture occurring through the shaft of the femur constitutes a hopeless case, except in certain rare instances where the horse is young and every other circumstance is favourable.

**Patella.**—When fracture of the patella occurs, it is generally due to direct injury, or muscular contraction, etc., and the fracture may be longitudinal or transverse.

*Treatment.*—As a rule, treatment is useless, and the animal should be destroyed.

**Tibia.**—Fracture of this bone takes place oftener than fracture of any other bone of the hind extremity. It is caused by direct injury, and often occurs without displacement taking place for some time afterwards—two or three days in some cases.

*Symptoms.*—The animal shows great pain, although the injury may appear to be slight. He throws scarcely any weight upon the limb, and, upon manipulating the part, pain is considerably augmented, and is plainly expressed by the animal. Where such symptoms are present, the practitioner is safe in saying that fracture is present. Of course, the extreme pain may be caused by laceration of the periosteum, which may also be inflamed; but treatment for fracture is the safest plan.

*Treatment.*—Quietude is essential. Tie the animal up in the stall, and keep there for some time; bandage the limb.

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Professor Smith says: 'A case came under my observation where the fracture was treated for nine weeks. The animal seemed to be getting well. The owner took him out and rode him, and in two hours complete fracture with separation occurred. If the animal had been rested a month longer he would have been cured.

**Fibula.**—Fracture of the fibula gives rise to troublesome lameness.

*Symptoms.*—Obstinate lameness. No swelling, heat, or other sign can be detected which will enable one to diagnose it with certainty.

*Treatment.*—Tie the animal up, and do not let him lie down. Foment, bandage, etc., and in six or eight weeks recovery may be expected.

**Os Naviculare.**—Is sometimes fractured by concussion, punctures, etc.; hard to diagnose in a neurotized foot. Complete recovery never occurs.

**Tarsus.**—Fracture of one or more of the tarsal bones frequently occurs, and is caused in various ways. Fracture of the cuneiform bones may be caused by hard galloping, pulling up very short, turning suddenly, etc.

*Symptoms.*—There is great lameness and much pain, accompanied by heat, swelling, and sometimes crepitus. In other cases crepitus is not discoverable.

*Treatment.*—The history of the case should be ascertained, that is, the practitioner should endeavour to find out how the accident occurred, as such knowledge will materially assist in making a correct diagnosis. The animal should be placed in slings, and hot and cold applications used freely over the part. Perfect quietude should be enjoined, the patient should be dieted, and all unfavourable symptoms met and combated as they appear. In a short time an osseous deposit will be thrown out, and, as a rule, a pretty good recovery will be the result.

**Fracture of the astragalus** sometimes occurs. It may be caused in various ways, as by kicks, etc. If the fracture extends into the hock-joint, the case is hopeless.

**Os Calcis.**—Fracture of the os calcis is usually caused by direct injury, or violent muscular contraction. Separation of the fractured ends of the bone may or may not occur.

*Symptoms.*—Crepitus may be present in some cases, absent in others. There is well-marked lameness, and the animal manifests considerable pain. Swelling is present in a greater or less degree. In most cases a large quantity of ossific material is thrown out, and an abnormal enlargement is the result.

*Treatment.*—Place the patient in slings; apply plaster of Paris, or starch bandages, etc. In many cases it is better not to apply bandages, that is, in such cases as they cannot be kept in position, and consequently irritate the patient. In case complete separation of the fractured ends of the bone takes place, it is, as a rule, advisable to have the animal destroyed.

**Metatarsal Bones.**—Fracture of these bones is usually produced by direct injury, in some cases the external wound being of a very trivial nature indeed. In all long bones there are three centres of ossification—one for the shaft known as the diaphysis, and one for each of the extremities known as the epiphyses. The parts sometimes separate in young animals. The treatment is to keep the animal quiet, and allow plenty of time for the separated portions to reunite.

**Inferior Maxilla.**—Falling may fracture either the inferior or pre-maxilla, or it may be fractured by getting a hook in it and pulling back, and it may sustain a fracture—rarely, however—during the operation of extracting teeth. If the anterior maxillary bone sustains a fracture by, say, a hook,

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remove any teeth that are loosened, bring the soft parts together as well as possible, and apply a light calico bandage. Bind with wire, and support the patient on liquid food for several days afterwards. If the inferior maxilla be fractured, the treatment is about the same. In case the patient be a male, the presence of the canine teeth will be of material assistance, as they serve to support the wire used in retaining the fractured parts in position. The patient should be fed from a shallow vessel, and supported on a liquid or soft diet for several days. Care is to be taken that the fractured portions do not again separate, and, if no untoward accident happens, recovery will take place in a very short time.

**Lower Jaw.**—The lower jaw is often injured by the action of the bit, especially if a powerful curb bit is used and the animal hard to restrain. The superficial layer of the bone may be fractured, which may set up caries, and result in necrosis. Any small particles of diseased or detached bone must, of course, be removed.

**Symptoms.**—There is a drivelling of saliva, swelling of the mucous membrane occurs, and there is considerable heat of the part. The animal also manifests a considerable amount of pain and annoyance. The treatment is to open up the parts and remove any diseased bone that may be found. The other jaw may be affected in the same way, and similar symptoms shown. The treatment is the same. Sometimes abscesses form in these parts, and sinuses may be discovered and a pretty free discharge established.

**Ramus of the Lower Jaw.**—Fractures of the ramus of the lower jaw may be caused by blows, falls, kicks, etc.

**Symptoms.**—Mastication is rendered difficult, or even impossible. There is considerable swelling, and on manipulating the parts crepitation may be heard.

**Treatment.**—Bring the parts into position, and endeavour

to retain them; a very good apparatus to apply to keep the bones in position is the cradle first recommended by Professor Varnell, of London, and of which a good description may be found in Williams's 'Surgery.' Thin strips of bass wood, acted upon by water and applied to the parts, do very well; or gutta-percha may be moulded to the parts after they have been brought into position, and is an excellent way of retaining the fractured ends in position. The face cradle spoken of above is, however, the best apparatus for the purpose. On applying it, it must be stuffed with some light material, as cotton, tow, etc., to prevent it causing irritation or sores. After fitting the cradle, it is to be secured by means of some elastic material, which will cause the maintenance of an equable pressure upon the parts. The patient is to be supported by liquids at first, after which soft food may be given. The case should be closely watched to see that reunion is taking place in a proper manner, as in case it does not take place properly, the jaw of the animal will be deformed, the teeth will not come into position, or meet properly, and he will be troubled with what are called sharp and projecting teeth.

**Nasal Bones.**—Fracture of the nasal bones is usually of the variety known as comminuted fracture, and is always due to direct injury, such as may be sustained in running away and coming into contact with some hard object, as a fence or wall.

*Symptoms.*—Sometimes the bones are driven into the nasal sinuses, and more or less hæmorrhage ensues.

*Treatment.*—Endeavour to bring the bones into position, which having done, apply an adhesive plaster over the whole of the fractured parts. If driven in pretty badly, a probe covered with some soft substance, as chamois leather, is to be inserted, by means of which the bones may be pressed back into their former position, after which all detached



pieces are to be removed and a plaster applied. In case they will not remain in position one nostril must be plugged.

**Frontal Bones.**—Fracture of the external plate of a frontal bone, while apparently a serious condition, is really one of little importance; but fracture of the internal plate does constitute a very serious and dangerous condition. However, fracture of both the outer and inner plates of a frontal bone may occur, and when it does it is of the variety known as comminuted, and is always due to direct injury such as may be received in running away, etc.

*Symptoms.*—With every inspiration and expiration the bone may be seen to move up and down, and there is more or less hæmorrhage; the pulse and appetite do not seem to be affected in the slightest degree. The above symptoms are when the outer plate alone is fractured, and the inner plate remains intact.

*Treatment.*—Bring the bones into position as well as possible, and apply an adhesive plaster. Treat the case carefully, and in ten days or so recovery will be complete. Any detached pieces of bone are to be removed, and in most cases it is better to wait a day or two until suppuration has become established, when the bones can be seen better, and can be removed with greater facility. If they be allowed to remain, they act as foreign bodies, set up great irritation, and cause a nasal discharge.

**Orbital Processes.**—This fracture is also caused by external violence in some of the ways before mentioned, and it may produce opacity of the cornea.

*Treatment.*—Endeavour to raise the bones into position, and having succeeded in doing so, apply plasters for the purpose of retaining them in position. As suppuration goes on, a small portion of bone is apt to become detached, or necrosed, and should be removed.

**Frontal Bone.**—Fracture of the internal plate of the frontal bone is caused in the same manner as the fracture previously described.

*Symptoms.*—The animal on receiving the injury may fall, and remain down for a few minutes, then get up and appear to be all right, and in two or three days afterwards show certain cerebral symptoms. In a case of this kind the prognosis should be unfavourable. It can only be treated by keeping the patient quiet, and if any portion of bone be considerably depressed, it should be raised to its proper position. The food should be of a cooling nature, cold application should be made to the seat of the injury, and a cure may be effected. It is said that tetanus is apt to supervene on fracture of the orbital process, but I have never noticed anything of the kind in my experience.

In fractures uniting by what is known as false joint (that is, by means of a fibro-cartilaginous deposit between the fractured ends of the bone, instead of an osseous deposit), and more particularly in false joint occurring in the dog, a seton needle should be passed into the false joint, setting up inflammation and causing new bony material to be thrown out; or it may be cut into, and a portion of the fibrous cartilage uniting the divided ends of the bone may be cut away, as a result of which inflammatory action will be set up, and osseous material thrown out, when an osseous, instead of cartilaginous, union takes place. It is often done in human practice.

**Parietal Bones.**—Fracture of the parietal bones occasionally occurs, and death results. Whenever the practitioner has reason to believe that a bone is pressing upon the brain, he should cut down, trephine, and remove it if necessary; but as a rule the operation is not attended with as much success in veterinary practice as it is in human practice.

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## CHAPTER XI.

Diseases of the Osseous Structures (*continued*).

## OSTEO-SARCOMA.

This is a non-inflammatory disease of bone, and is usually defined to be a fibro plastic degeneration of bone. It is a disease of a malignant character, and is seen oftenest in the finer bred cattle ; and the Duchess strains in particular.

*Causes.*—Osteo-sarcoma is supposed to be caused in a great many cases by the attack of a vegetable parasite which is derived from the blue mould seen on leather, old boots, etc., lying in swamps and other damp situations at certain seasons of the year. The parasite causing the disease is known by the name of 'actinomyces,' and another name which has been applied to the disease is 'actinomycosis.' The parasite gets into the mucous membrane, possibly in connection with the teeth, and produces the disease. I am satisfied that this parasite produces many conditions that until very recently were supposed to be due to other and entirely different causes. At the present time, however, it cannot be positively stated that osteo-sarcoma is in all instances due to the attack of this parasite.

*Symptoms.*—The disease occurs oftenest in the lower jaw. A small tumour, very sore and tender, may be observed often in connection with the molar teeth ; the teeth generally, after a time, become loose and fall out. Mastication cannot be carried on properly, in consequence of which the animal becomes greatly emaciated and, as a rule, death finally takes place.

*Treatment.*—Osteo-sarcoma has been looked upon as an incurable disease. However, such a view is a mistaken one, as the disease, if taken in time, can be cured by the proper use of carbohic acid, mercurial preparations, etc. In some

cases a surgical operation may be necessary. If the disease is well advanced, however, it is better to have the animal destroyed, especially as it does not injure the quality of the meat for food. The tumour is first of a cartilaginous nature, and it extends and increases in size until suppuration, etc., is established. The parts may be cut down upon and all diseased portions of bone removed; after which, scrape with the bone-spoon, and touch with dilute hydrochloric acid or carbolic acid, the latter in the proportion of acid one part, to oil four parts.

### OSTEO-POROSIS.

This is a non-malignant disease of bone, and of a non-inflammatory type; it is very commonly known by the name of 'big-head.' It consists of a porous condition of the bones, which are increased in size without proportionally increasing in weight—in fact, the probability is, that while the bone increases in size it decreases in weight. In most cases of the disease the bones of the extremities are affected and become enlarged, fragile, and often, on very slight exertion, will give way. The disease attacks young animals, ranging in age from six months up to four years; hence it is described as essentially a disease of growth. It is very seldom that the disease is developed in an animal over four years of age. At Jobstown, New Jersey, the young horses of Mr. Lorillard suffered severely from this disease. It affects all breeds of horses alike. It is said by some to be due to a deficiency of the salts of lime. I do not think so myself, as frequently horses suffer with the disease in the famous blue grass region of Kentucky, where the grass grows only a few inches above an abundance of limestone, and the water is also highly impregnated with lime. It is also said to be due to feeding with maize, or Indian corn, and hay grown

on low-lying lands. There is undoubtedly an enlarged condition of the vascular elements of the bone, and a decrease in quantity of the salts of lime. Almost, or quite, every bone in the body, in all probability, is more or less affected; in many cases there is a local cause for it, as it is of far more common occurrence in certain localities than in others. Professor Smith says that two cases only have come under his observation in Canada, and in both cases the affected animals had been fed upon food grown upon low-lying land, coarse, inferior hay, etc., and had been running in a swampy pasture. This disease may possibly, in certain conditions, be due to the attack of a parasite. The growth of the canal and cavities of the bone increases, until the walls become thin and broken down; this takes place without a corresponding increase in the amount of earthy or animal matter.

*Symptoms.*—The symptoms of osteo-porosis are not well marked at first; but it may be noticed that the animal, instead of being as bright as before, has become languid, and becomes gradually reduced in condition. The muscular system becomes somewhat soft, the muscles feeling flabby, or softer than in health, and after awhile they become more or less atrophied—the muscles of the scapular and gluteal regions more particularly. The bones of the jaw and face are noticed to be slightly enlarging on one side, and in some cases pressure on the nasal chamber takes place, irritation is set up, and a nasal discharge follows; and occasionally the air-passages of the head may be encroached upon to such an extent that breathing is rendered very difficult. In many cases it may be noticed that when the animal is down it can rise only with difficulty, and often when being driven along may fall, and a fracture easily occur; hence it is by the readiness of the bones to break on the slightest cause, that we know the whole osseous system is affected.

*Treatment.*—Remove the affected animal from the sound ones, and change the food, no matter how he has previously been fed; and in the case of an animal sufficiently valuable to justify such a course, change of climate will be found of great benefit. Advise a journey to some part of the country four or five hundred or a thousand miles away, and try mineral tonics, acids, alkalies, etc.; feed the animal with roots, etc. And something may be prescribed to apply to the parts; but local applications are, in my opinion, of no value. A change of climate has been known to cure osteoporosis.

### RICKETS.

**Rickets**, or Rachitis, occurs in all kinds of young animals, but is of more frequent occurrence in puppies than the young of other animals. It is due to a deficiency of earthy, and an excess of animal, material in the bones.

*Causes.*—The disease shows a tendency to occur among the progeny of stallions or dogs that have been overdone in stud service; and it is more likely to appear in weakly or unhealthy animals, and more especially if the trouble be one of an hereditary nature. Poor milk, or milk deficient in certain constituents received from the mother, may also be mentioned as one of the causes of rickets; weaning the young animal at too early a period, and forcing him to eat food that is only fit for an adult animal to eat, and that is not only unfit for the nourishment of a young animal, but is incapable of being digested by such an animal; or the disease may occur as a result of any cause having a tendency to weaken the animal. And there may be some other causes of which we are not aware.

*Symptoms.*—The bones bend unnaturally on account of the excess of animal and deficiency of earthy material which they contain; the fore-limbs bend outward and the hind

limbs bend inward ; and in the horse there is a strong tendency to curb, bursal enlargements, bog-spavin, etc., and the joints usually become enlarged to a greater or less extent. There is also general weakness and debility, and perhaps irregularity of the bowels, which is speedily followed by emaciation, which after a while becomes extreme ; in a well-marked case affecting the horse the fetlock may descend nearly to the ground on the outside, and there is stiffness and considerable difficulty in progression.

*Treatment.*—The treatment of rickets must be both local and constitutional, and to be successful must be energetic and persevered in, regardless of trouble, etc., until a cure is effected, or it becomes plain that the case cannot be treated successfully. If the milk of the mother is suspected to be the cause of the trouble, or is found to be deficient in any of its necessary constituents, the defect may be remedied by changing or increasing the food of the mother, and by giving her alteratives and tonics, and taking good care of her generally. The administration of alteratives and tonics to the foal should not be neglected, and is sometimes followed by very beneficial results ; iron, gentian, quinine, etc., may be given to both foal and mother in appropriate doses. If the bowels are irregular, a slight laxative may be administered ; if acidity of the stomach be present, alkalies should be given, and there is none better than aqua calcis, which may be combined with ol. lini or ol. ricini where there is any tendency to constipation, and given in the usual doses at proper intervals. The limbs are to be supported ; sometimes a simple bandage, properly applied, suffices for the purpose ; where it will not, use splints. Keep in a nice level paddock, and give food that tends to make bone, as bones to a dog, ol. lini, ol. morrhue, oatmeal, etc., to foals, and a cure will often result.

**MOLLITIES OSSIUM.**

*Definition.*—An abnormal softening of bone, due to the presence of a largely preponderating quantity of animal matter, and a correspondingly small amount of earthy material within the bone substance.

It is very difficult to say what causes operate in the production of this disease; probably the food and water have something to do with it. It also is very possible that a predisposition to the disease may be transmitted by a sire or dam to the progeny. Its presence is thought by some veterinarians to depend upon or be connected with melanosis.

'There was a grey horse brought to the infirmary a few years ago that was suffering from this disease, and it was at first thought that the trouble was due to carious teeth, but afterwards the true condition was discovered. It was a case of mollities ossium; the bones of the jaws were very soft and cartilaginous, and in this case at least, I think, it was due to a melanotic condition' (Smith).

*Symptoms.*—There may be observed difficulty in mastication, which gradually becomes better marked as the disease progresses. The bones become more or less enlarged, and take on a soft and cartilaginous character; there may also be a discharge, which is usually profuse and of a very offensive character.

*Treatment.*—As no means are known by which a cure can be effected, treatment should not be attempted except by way of experiment.

**FRAGILETAS OSSIUM**

*Definition.*—An unnaturally hard and fragile condition of the bones, due to fatty degeneration of the animal matter, leaving a superabundance of earthy material in the bone.



When this change takes place the condition is a very obvious one, and plainly discernible, after death, in the cancellated tissue of the bones. Old horses have a predisposition to this trouble.

*Symptoms.*—The disease chiefly affects old horses. The animal moves stiffly, and may have a roached back; he shows a tendency to ring-bone, spavin, etc.; when down has difficulty in getting up; if you cast such an animal or he falls, fracture of some of the bones is almost sure to result.

*Treatment.*—Like the previous condition, it is incurable, and therefore useless to treat.

**Enchondroma.**—This consists of a cartilaginous growth occurring on various parts of the body, often in connection with the stifle, and in cattle it is frequently noticed in connection with the ribs. It is a non-malignant growth, and does not, as a rule, interfere much with the animal's usefulness, and he will remain in pretty good condition for some time; at other times it will increase to such an extent that destruction of the animal becomes unavoidable.

#### SPLINT.

From the Italian word *spinella*. It consists of an exostosis or bony enlargement situated on the inner side of the hump, involving both the large and small metacarpal bones, and usually situated about the lower portion of the upper third of the bone. Frequently it involves the articulation between the large and the small metacarpal bones, and when close to the knee-joint it is likely to set up more or less irritation in connection with the articulation, and give rise to caries, etc. The high splint is therefore the most serious, and according to whether the splint is high or low in situation, does the practitioner pronounce the horse sound or unsound. Splints may and do occasionally occur on the outside of the fore-leg, and also occur in connection with the hind-leg.

*Pathology.*—Splint is an enlargement due to more or less inflammation of the periosteum, and possibly a circumscribed inflammation of the bone itself; as a result of which an exudation is thrown out. The exudation is at first of a gelatinous character, and as it proceeds takes on a cartilaginous character, and gradually increases in hardness, and changes in character, until finally it becomes ossified, constituting a splint.

Splints are oftenest met with in young animals, owing to the greater vascularity of the parts. Some animals have a predisposition to splint, due to an ossific diathesis, as for instance a horse with a weak or a badly-proportioned limb, as the metacarpals a little long in proportion to the length of the radius.

*Causes.*—As above stated, some animals are predisposed to this, as well as to other bone diseases; and in many cases there undoubtedly exists an hereditary tendency to splint, spavin, etc. Splints on the outside of the limb are more likely to be met with affecting 'in-toed' or 'pigeon-toed' horses, in such animals the centre of gravity being thrown more to the outside of the bone affected. Horses with a high and pounding action are also more likely to have splints than horses with a low or cat-like action, particularly in localities where the roads are very hard. External injuries of various kinds, as kicks, blows, etc., will also cause splint. Speedy-cut may be mentioned as an occasional cause of splint, but the most prolific cause is concussion, due to riding or driving on a hard road. Country horses coming to the city usually develop splint very quickly, and it is very common amongst city horses. Occasionally splint is met with in a horse ten or twelve years of age, but such a case is rare, its occurrence being most common in horses ranging from two to five or six years of age; and a horse at the age of three or four years may have

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a well-defined splint of considerable size, for which no treatment is pursued, but the animal is used until he is eight or nine years of age, when in many cases partial absorption of the splint will be found to have taken place, and, although the splint still exists, it may be a matter of considerable difficulty to discover its presence. Improper shoeing tends to produce splint. Besides the ordinary splint there is what is known as 'double' or 'pegged' splint, consisting of an exostosis upon each side of the limb, with an osseous communication running from one to the other. In many cases splint may be developed to an enormous size without producing lameness in even the slightest degree; but in most cases splint must cause lameness, that is, in the majority of cases due to inflammation of the bone, or periosteum, or when a tendon or ligament is interfered with by the exostosis in the same way as the spavin enlargement interferes sometimes with the action of the 'flexor metatarsi' tendon.

*Symptoms.*—A knowledge and recollection of the structure of the parts will materially assist in arriving at a correct diagnosis. The symptoms of splint are somewhat peculiar, and it is generally when an animal is lame that the attention of the practitioner is called to the case. When the exostosis is of any size it is very easily detected; but as a rule splints are more likely to produce lameness when inflammation is beginning, and therefore it is usually the small splints which cause lameness. The animal walks almost or quite sound, and drops very much when being trotted, and more particularly if trotted on hard ground, and in some cases where weight is placed on his back, as a rider for instance. He should be allowed to trot along quietly with his head hanging loosely, or allowed perfect freedom of motion, in which case he will be seen to drop in his action, and if the animal is young the fact is to be

received as confirmatory evidence of the presence of splint. However, a further examination should be made. The hand should be passed down over the usual seat of the exostosis, and an endeavour made to detect the presence of the splint by manipulation. This often takes up considerable time, as in many cases the splint is found to be no larger than one half of a pea. Having found any abnormal enlargement, press upon it with the fingers and at the same time observe whether the animal flinches; or tap on the suspected part, and if it be splint, the animal will by flinching manifest pain, and on being trotted out immediately afterwards it may be observed that the lameness is increased. Be careful in diagnosing this, as well as every other form of lameness. The animal may have both corns and splints, etc., but in splint there is no abnormal degree of heat in the foot. Negative as well as positive symptoms are of the utmost value in the diagnosis of this as well as other forms of lameness. In some cases there may be noticed a little deposit in connection with the knee. This is a very troublesome form of splint.

*Treatment.*—The treatment of splint is usually very satisfactory. Unless the splint is actually producing lameness, it should be let alone, except when of great size and constituting what is usually designated an eyesore. In such a case, if the owner wishes to have it removed, the practitioner may cut down upon it and remove the enlargement by means of the bone-forceps. In some instances a case has to be treated while the animal is kept at work. The shoes should be removed and replaced by low-heeled shoes. Hot and cold applications will be found of much use. In case the animal can be allowed to rest during the treatment it will be much better. A dose of laxative medicine may be of great benefit in some cases, but as a rule it is not needed. Cold water, applied by means of a hose turned

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upon the part for an hour or two every day, is valuable to allay irritation, after which an anodyne liniment, composed of tr. opii, arnica, mont. tr., camphoræ, etc., may be applied; or a good active vesicant, as the unguentum hydrarg. biniodidi, one to four, or one to eight, or the ungt. cantharidis may be used—either will be found excellent vesicants, and of much benefit in splint. A seton passed over the splint, and allowed to remain for a couple of weeks or so, will often effect a cure where every other treatment fails. The hair should be clipped or shaven off the spot before a vesicant is applied. Half an ounce of the ointment may be used, and should be applied with friction for at least ten or fifteen minutes. The parts below are to be guarded in the usual way. After the vesicant has expended its force, if it be found that tenderness is still present, another vesicant is to be applied. The seton is perhaps a preferable mode of treatment where the splint is situated close to the knee. On removing the seton the horse may show signs of improvement; but there may be some slight lameness yet, in which case the application of one or two vesicants will often effect a complete cure. It may be necessary in some cases to use the firing-iron; in such a case an iron with a sharp point is to be recommended as preferable to any other. After heating it, pass the point right into the osseous enlargement. A cure generally results. Subcutaneous scarification, or periosteotomy is often attended with beneficial results, and is very useful, particularly where a splint is suddenly developed in a horse of mature years. The operation is very simple, and consists of making an incision through the skin. Through the opening thus made the periosteotomy knife is inserted, and the periosteum covering the splint is incised, and pressure is relieved. A poultice should be applied for a few days. Where the animal is to be kept at

work any of the following applications may be used :— Spts. camphoræ et tr. opii, equal parts, or camphorated liniment two parts to aqua ammon. one part. Ammoniacal liniment alone is good ; and wet cloths applied around the splint and covered with dry ones will in many cases be sufficient to allay and keep down irritation ; but rest is very essential, and should be given if the case is to be treated properly. When a splint becomes fully developed, that is, attains its maximum size, etc., irritation ceases, and with it lameness.

#### SORE SHINS.

The condition known as sore or bucked shins consists of an inflammation of the periosteum covering the metacarpal bones, and consequently it is a form of periostitis. It is astonishing from how many forms of periostitis horses suffer. It is analogous to splint, but differs, inasmuch as the inflammation of splint is circumscribed, while in sore shins it is more or less diffused. The inflammation is not always confined to the metacarpal bones, in some cases the knee, and occasionally even the radius, becoming affected.

*Pathology.*—The exciting cause having operated, inflammation is set up in the periosteum, as a result of which an exudate is thrown out, usually taking place between the periosteum and the bone, but sometimes it takes place external to the periosteum. The enveloping membrane of the bone becomes more or less thickened, and in some cases the inflammation is so severe as to terminate in necrosis, especially in neglected cases, and where the exciting cause has been kept up. Sore shins is of more frequent occurrence among racers than any other class of horses, and although occasionally met with among horses used for ordinary purposes, it may be said to be almost confined to those of fast work, as racehorses, hunters, etc., and then is only rarely met with in horses of mature years, being chiefly

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*Causes.*—Sore shins are caused by violent and oft-repeated concussion, such as horses, and more particularly young horses, are subjected to whilst undergoing their gallops in training for races. A horse with heavy pounding action is far more likely to suffer than a horse with light action. The gallop is the gait most productive of sore shins, and certain tracks, as a very hard track for instance, is far more likely to cause it than a turf or other soft course. Sore shins are very likely to follow a severe gallop down grade, as the strain is so much greater on the fore-legs, as well as the concussion being more severe, and more directly in connection with the structures affected in sore shins. A heavy-bodied animal, or one in gross condition, with light limbs, suffers very readily.

*Symptoms.*—The symptoms are pretty plain in the majority of cases, but sometimes a case is met with that is very puzzling. It is astonishing how many different forms of lameness this trouble will give rise to. The inflammation may be in connection with the lower, middle, or upper third of the metacarpal bone, or the whole of the parts mentioned may be inflamed simultaneously; and in a few cases the radius may be affected, or the inflammation may be situated close to the knee, or may even exist in connection with the carpus itself. Usually the first symptom noticed is lameness. The animal has had his work, has been cooled out, and is noticed to be slightly lame. A bandage is applied, and the lameness disappears. Such a symptom is to be regarded as premonitory of sore shins; still, the real trouble may not as yet be suspected. However, before long it becomes more apparent. The animal on being trotted out moves rather stiffly, and the stiffness is seen to be more particularly in connection with the affected

limb, which is not extended as freely as usual by any means. There may be observed a slight swelling, due to the presence of an exudate. The swelling extends down the anterior aspect of the metacarpal bone, and gives it a slightly curved appearance. There is a considerable amount of heat present, and the most delicate manipulation of the parts will cause the animal to flinch, as the pain of sore shins is most excruciating; so severe is it that in some cases simply pointing at the limb or attempting to pick up the foot will cause the animal to run back. During progression the animal drops very much in his action. Another peculiarity of the lameness is that where it is slight the animal will warm out of it, and where it is severe exercise will mitigate it. In some cases the trouble may be below the fetlock joint, and in connection with the os suffraginis. If the condition be neglected, and the exciting cause kept up, the exudate may increase in quantity, and finally become organized. Thickening of the periosteum may occur, and the slightly curved appearance mentioned above may become permanent; but lameness ceases, and it does not constitute an unsoundness.

*Treatment.*—The treatment of sore shins should commence from the very earliest appearance of the trouble. Absolute rest is essential. In a case that is, or promises to be, severe, the inflammatory action may be lessened by the administration of a laxative, which may be followed by diuretics. If the food has been of a stimulating character, change it, and give a cooling diet. Where the pain seems to be very severe, long-continued fomentations will do much to relieve it; or anodyne applications, as spts. camphoræ, tr. opii, tr. aconite, equal parts, may be applied. A free use of refrigerants, as ice, or spring water, or water turned on from a hose, is of very great benefit in the majority of cases, allaying pain and fever. Plumbi acet. in solution is also of benefit. After



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the irritation is allayed, counter-irritation is to be employed, the usual one of unguent. hydrarg. biniod. being probably the best, to be used as often as necessary; exercise gently, etc. In exceptional cases the exudate is very extensive. In such cases make an incision and allow it to escape; but one should not be too rash or precipitate in the use of the knife. There is no particular specific for sore shins.

### SPAVIN.

Spavin may be defined to be an exostosis involving the hock-joint, and is usually described as being situated on the antero-internal aspect of the hock, but in a majority of cases extends around and involves the whole of the articulation. Any two, or more, of the bones composing the articulation may be involved. Properly speaking, there is no such disease as 'blood spavin,' and when professional men speak of spavin, 'bone spavin' is meant in every instance, for the simple reason that no other kind of spavin is recognised by the profession. Spavin is confined to the hock-joint, and is described as 'low spavin' and 'high spavin,' according to its situation, the former being situated between and involving the metatarsal and cuneiform bones, while the latter involves the astragalus and cuneiform bones, and of the two varieties is the least amenable to treatment: either form may, or may not, be accompanied by caries. The hock-joint is one of the most powerful, complicated, and at the same time beautifully arranged joints in the body, and the enlargement of spavin is situated on the antero-internal aspect of the hock, as it is near the centre of gravity, and consequently here it is that the greatest force is brought to bear during progression, and in support of the posterior portion of the animal's body.

*Pathology.*—The cause being present, and having operated, inflammatory action is set up, and Nature, in her efforts to

effect a cure, throws out an exudate which, becoming ossified, firmly unites the diseased osseous structures, constituting ankylosis, which, when completed, is usually followed by cessation of irritation, etc. The inflammation is set up in the cancellated tissue, but extends to and involves the articular lamellæ, which gradually undergo destruction, and ankylosis, as described above, finally occurs. As a rule, there is no enlargement to be seen in connection with high spavin; any enlargement that occurs being seen usually in connection with low spavin. The high spavin is usually associated with caries of the articular surfaces of the bones, and destruction of the articular cartilages. In some cases the ossific matter is deposited between the bones, and not the slightest external enlargement can be discovered. On the other hand, enormous deposits, extending completely around the articulation, are often met with. So long as the true articulation escapes, the animal may go comparatively sound; after the hock has once suffered from spavin, it can never be restored to its natural condition. There are many nostrums sold for the purpose of removing and curing spavin; but such an object cannot be effected by any power with which we are acquainted.

*Causes.*—The causes of spavin are predisposing and exciting. The predisposing causes are an hereditary tendency, heaviness of body, especially when such a body is associated with light limbs; and in some cases there may be an ossific diathesis. Certain conformations predispose, as that of a horse possessing weak hocks and abnormally long metatarsal bones, such a horse being considered to be more liable to spavin than a horse of different conformation. A horse having a hock narrow from before backward is also considered to be predisposed. The exciting causes are hard and fast work. In the case of an injury to one of the hind limbs, causing the animal to stand upon the sound limb, the latter be-

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comes liable to spavin in consequence of the extra weight thrown upon it. It is produced in hunting horses by the severe strain and concussion the hock is subjected to by the animal jumping, etc., while carrying a heavy weight. Spavin is often noticed in young animals long before they have reached maturity, and in such a case it is generally due to an hereditary tendency; but it may be produced in the colt by allowing it to run along with the mother while she is being worked on a hard road or hillside. Improper shoeing—as shoeing with high heels and toes—and concussion from any cause whatever, may be mentioned as exciting causes of spavin. Driving a horse day after day upon hard roads is likely to cause it, particularly if the horse be young or is driven rapidly. Country horses, on being brought in and put to work in the city, have a strong tendency to develop spavin, splint, etc.

*Symptoms.*—Often two veterinarians, well qualified in every respect, will express conflicting opinions as to whether a horse is spavined. One will pronounce the horse spavined, and the other will declare him free from spavin, and each be perfectly conscientious in his opinion, and certain that he is right. From this the reader may infer that the diagnosis of spavin is not always a matter of ease and certainty; but, on the contrary, is often a matter of extreme difficulty. Usually, the first symptom to attract attention is slight lameness, and the animal rests the limb at intervals for some time before more positive symptoms are presented. In examining for a spavin, the eye will be found to afford valuable aid. The animal should be made to stand firmly upon all four of his feet—in some cases it may be necessary to have an assistant hold up one fore-limb, so as to cause the animal to stand squarely and firmly on both hind-feet; the fore-foot should also be held up as a precautionary measure, as the horse may be a kicker, or if not, may kick at a total

stranger when he would not at the owner or groom. Stand near the shoulder and look at the hock, or look through between the fore-legs; and if there is any abnormal enlargement or irregularity of outline, difference in size, etc., as a rule it will be readily detected. A view of the hock should also be taken from the other side, as well as from behind the animal. Besides the above, a manual examination should be made, by passing the hand down over the hock, examining carefully for any abnormal enlargement; at the same time note the presence or absence of heat in the part—as a rule, considerable heat is present in connection with high spavin, and often there is no perceptible enlargement. Pressure over the parts may elicit some manifestation of pain or uneasiness. If there is an exostosis of considerable size, it will be detected without any difficulty. On observing the animal as he stands quietly in the stable, it is noticed that he favours the affected limb, standing with it flexed, etc. The lameness of spavin is characteristic. On causing the animal to move over in the stall, to move about from side to side, etc., it is noticed that he drops on the affected limb; but on being made to walk or trot, it is noticed that he drops on the sound limb. When first brought out, after standing all night—particularly if the animal has been subjected to a severe or tiring drive the day before—it is observed that the animal is stiff and lame; but when driven half a mile or so the lameness disappears or decreases in severity—to use a common expression, 'he warms out of it.' This is characteristic of joint affections. On trotting, there is a peculiar rising and falling of the croup; and in cases of long standing there will be atrophy of the muscles of the haunch, which should not mislead the practitioner, or cause him to think the lameness is in the hip, etc. The animal also goes upon the toe, to a certain extent, when suffering from spavin; and during progression the hock is not flexed as freely as it

should be, and there seems to be a slight difficulty in flexing it. The practitioner or an assistant should flex the joint, and immediately trot the animal out, when, as a rule, if spavin be present, he will show greater lameness than before. Every practitioner should familiarize himself with sound and unsound hocks as much as possible, such knowledge being very essential to a correct diagnosis. On being called to a case of lameness, and finding an enlargement on the hock-joint, the practitioner should not jump at the conclusion that the lameness is due to spavin, as it may be due to the presence of a nail in the foot, etc.; hence in all cases it is advisable to make a searching examination of every part of the limb, and if nothing abnormal is found in connection with any part except the hock, the negative evidence thus obtained will be found of great value in diagnosing the case.

*Prognosis.*—The prognosis should be always guarded. A careful examination should in every case be made, and if it is a low spavin, in a well-formed hock, and there is no great lameness, the patient not more than seven or eight years of age, and other conditions favourable, recovery may be expected; but if it is found to be a high spavin, occurring in a badly-formed hock, and the animal has been lame for months, it will be very tedious, and difficult to treat successfully. Spavin in every form constitutes an unsoundness. A horse may, however, do any reasonable amount of work without the spavin hurting him or seeming to cause any great inconvenience. Properly speaking, a cure cannot be effected, as the limb is never restored to its original condition after having been attacked by spavin; but when a cure is spoken of, it is meant that the severe lameness is relieved, and all irritation in connection with the hock-joint ceases; and to attain these results all treatment is directed.

*Treatment.*—The animal is to be given a long rest; remove

the shoes, and make a free use of hot or cold applications to allay irritation. It is better to place the animal in a loose-box having a soft floor than on pasture; by doing this the animal is not able to move about a great deal, and the articulation is thereby kept quiet, an important consideration in the treatment of all joint affections. After the irritation is allayed, a free use of counter-irritants is to be recommended. As a vesicant there is nothing better than the ungt. hydrarg. biniod., which may be washed off in three or four days, and another application of the same kind made, and so on as long as may be deemed necessary. It must be borne in mind that the treatment recommended is not to remove the enlargement, if any be present, nor is it pursued with a view of restoring the hock to its normal condition; on the contrary, it is intended to set up a new, or increase the existing, inflammatory action, and thereby hasten the process of ankylosis. The actual cautery, as the firing-iron, is the last resort in the treatment of spavin, is probably the best, and is certainly the most efficacious, of all methods of treatment; the bunting-iron or feathering-iron, preferably the former, may be used. There is also another very useful kind of firing-iron with five or six points. In large spavins the iron is to be used freely, so as to set up considerable irritation. Place a twitch upon the lip, or in some cases it may be necessary, and in all cases no more than prudent, to cast the animal to control him whilst being fired. If the feathering-iron be used the strokes should not be made too close together, or sloughing will be almost certain to follow. The pointed or bunting-iron is very useful in many cases, especially where the spavin is of large size. Having heated it, it should be inserted well into the enlargement, and no danger of untoward results need be apprehended. From three to half a dozen points may be made. This iron is useful when the irritation is circum-

scribed in character, while in cases where the inflammation is diffused the feathering-iron is probably the best. Firing is a very old method, and has been employed in the treatment of spavin for hundreds of years. The punch is also used occasionally at the present day, and was first recommended by Professor Dick, of Edinburgh. In many cases setons appear to have a good effect, and are desirable, as they leave no blemish. A seton when used should be inserted right over the seat of the enlargement, passing under the integument for a distance of about two inches. A digestive ointment, as cantharides, is to be kept on the seton, which may be allowed to remain for three weeks or a month, after which it should be removed, and the wound allowed to heal. Tarsal tenotomy is also recommended, and is of great benefit in many cases if the inflammation is circumscribed, but will not do if it is diffused and the whole hock affected. In using the firing-iron it is advisable to fire all the way around the articulation, but the lines or points should not be made so deep in front as on the outside and inside. A great many so-called specifics are sold for spavin, and some are no doubt useful, as they are counter-irritants, but on the whole they are frauds.

#### RING-BONE.

Ring-bone may be defined to be a ring of osseous material extending around the limb just above the hoof. Inflammation is set up usually in the cancellated tissue of the bone, and the same changes take place as in spavin. Ring-bones are described as true and false, true ring-bones being further subdivided into low and high; it is known as low when it involves the coffin-joint; and high when it involves the pastern-joint, and also when (as in some cases) it extends up to and involves the fetlock-joint. The term 'false ring-bone' is applied to any osseous enlargement in this region, other

than those affecting the articulations. An enlargement may appear as a result of kicks, blows, etc., but if none of the articulations are involved, it by no means constitutes a serious condition. Ring-bone may occur in a fore or hind limb, but probably occurs with greatest frequency in the hind limbs.

*Pathology.*—The condition generally arises from an injury which causes an inflammatory action to take place in the cancellated tissue of the bone. The inflammation extends to and destroys the articular lamellæ, after which destruction of the articular cartilage takes place, the tendency being to complete destruction of the joint. Nature, in her efforts to effect a cure, throws out an exudate, which undergoes ossification. The joint becomes obliterated, the bones formerly composing it gradually unite, ankylosis becomes complete, and all pain and irritation cease.

*Causes.*—The causes of ring-bone may be said to be predisposing or constitutional, and exciting. Violent crosses are productive of this, as of some other conditions, as, for instance, a thorough-bred horse being allowed to serve a number of common heavy draught mares, or a heavy coarsely-bred horse put to a number of light mares, the progeny of such crosses frequently being troubled with ring-bone, spavin, etc. Hard work is probably the most prolific of all exciting causes, especially in localities where the roads are very hard. Improper shoeing, blows, kicks, etc., all operate as causes of ring-bone. In cases where an animal receives a puncture in the foot, or while suffering from lymphangitis, etc., is compelled to rest upon the sound limb for a week or ten days, it is not uncommon for a spavin or a ring-bone to result. Horses of certain conformation, as those with upright pasterns, are predisposed.

*Symptoms.*—The natural enlargement of the part is sometimes mistaken for a ring-bone by a careless or ignorant person, and in consequence many a poor horse has been put



to much needless torture in an effort to cure the supposed ring-bone before the trouble was discovered to be somewhere else. The careful practitioner will never make such a mistake. Occasionally a well-developed ring-bone will suddenly make its appearance without any appreciable lameness having ever been manifested, but as a rule lameness of a pronounced character is manifested during the period of development. Preceding the appearance of the enlargement, when it occurs in a fore extremity, and is situated near the very sensitive structures, the patient steps on his heel, and endeavours to remove all weight from the toe; and when the ring-bone occurs in a hind extremity the animal steps on his toe, and during the act of progression great care is manifested in bringing forward the foot. The enlargement may be very slight, so slight in some cases that it is only by the closest examination, and a careful comparison of the sound with the unsound limb, that it can be detected. The enlargement is usually soft. Considerable heat is also present, and there is more or less lameness, which may be increased by flexing the joint and trotting the animal.

*Treatment.*—The treatment of ring-bone is similar to that of spavin. Counter-irritation in some form or other is to be employed. If the foot is out of shape, endeavour to bring it as nearly into its proper shape as possible. Hot or cold applications should be applied to allay irritation, after which use the firing-iron, as being the best form of counter-irritation. In the treatment of ring-bone all efforts are to be directed towards hastening ankylosis. In some cases neurotomy may be tried, but it is not very often successful. If the parts are fired lightly, apply a vesicant immediately afterward; if fired deeply, do not apply vesicants for four or five days afterwards. A vesicant, by the way, will not act for some time after firing, as the flesh loses its vitality

for a while. Place on the foot a bar-shoe with a low heel. If the animal remains lame after treatment, the practitioner should not despair, as he may go to work, and the lameness gradually decrease, and finally cease. 'In many cases where I have blistered and fired repeatedly with only slight improvement (the animal being put to work), lameness eventually ceased' (Smith).

### OSSIFICATION OF THE LATERAL CARTILAGES.

This condition is also known by the more common name of 'sidebones.' The lateral cartilages consist of two fibro-cartilaginous plates or sheets, situated partly within and partly external to the hoof, the anterior edge being in connection with the navicular joint, and the postero-inferior border with the deeper parts of the foot. They are designed to allow expansion of the heel to take place when the foot is placed upon the ground, and serve to restore the heel to its original shape on the foot being removed from the ground. These cartilages are subject to inflammatory action, as a result of which they may become ossified, and give rise to a very troublesome lameness.

*Causes.*—Sidebones are of much more common occurrence in heavy than in any other class of horses—the Clydesdales, Normans, etc., being the most frequent sufferers. In some animals sidebones may be due to an hereditary tendency; and, as the predisposition can be transmitted from the sire or dam to the progeny, an animal affected in this way should never be used for the purpose of breeding. Ossification of the lateral cartilages occurring in a heavy draught horse does not constitute a very serious condition, generally speaking, and unless causing lameness the animal may be passed as sound. However, in making an examination, attention should be called to their presence. On the contrary, if met with in a light horse, whether producing actual

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lameness at the time or not, the animal is to be classed as unsound, for the reason that, on being put to fast or road work, especially where there are hard roads, lameness will appear. Hard work will cause sidebones, and going faster than a walk tends to produce it in heavy draught horses. The plough horse that goes in the furrow frequently suffers. The most prolific cause in light horses is fast work, and more particularly when on hard roads. Sidebones may also be caused by injuries, as a tread, bruise, puncture, etc., by which the lateral cartilages are injured, causing inflammation to become established in the parts, and the various changes to take place which result in ossification.

*Symptoms.*—Sometimes the inflammation is of a very mild character, and the process of ossification very slow, in which case ossification of the lateral cartilages may take place without any appreciable lameness or irritation ever having been observed. But such a case is the exception and not the rule. The condition is oftenest met with in the fore-foot, very seldom occurring in the hind limb. In some instances the cartilage becomes considerably enlarged, giving rise to an external enlargement, which may be easily seen; in other cases no visible enlargement can be detected. On manipulation, the cartilage, which in health is very flexible, is found to be inflexible, hard, and unyielding to the touch. During progression the toe of the foot is first brought to the ground, and there is—in case both fore-feet are involved—a peculiar stilty action and stiffness of gait, somewhat resembling that of navicular arthritis. There is also, during the inflammatory stage, great heat and tenderness of the parts, especially where the animal is worked or the exciting cause kept up. In some cases suppuration may occur. After ossification is completed, the sidebones are liable to fracture the same as any other osseous structure. In certain cases, ossification of the lateral cartilages gives

rise to incurable lameness, so long as nervous sensation exists in the part.

*Treatment.*—First remove the ordinary shoe, and endeavour to bring the foot as near its natural shape as possible. If it be at all out of shape, rasp down the inferior part of the foot, more especially at the heel, as the animal shows a tendency to go upon the toe. Heat and irritation should be allayed by poultices and other soothing applications. The actual cautery may be used ; but there is little necessity for its employment in most cases. Mild or, if thought necessary, pretty severe counter-irritation may be tried, and is usually attended with benefit. Cut down the wall of the hoof, and apply a light three-quarter shoe in such a manner as to throw the weight on the frog, and outside of the foot. If possible, the animal should be allowed a long rest. In France an operation is often performed, which consists of removal of the ossified structures by excision ; but such an operation is objectionable for various reasons : one reason, and perhaps not the least, is that the operation is not always successful in removing the lameness, and in such a case it is not only useless, but may be productive of a great deal of harm. The operation of neurotomy is far preferable, almost uniformly successful, and is rarely followed by bad results.

### OSSALETS.

Ossalets, or Osteophytes, may be defined to be exostoses occurring in the proximity of joints. They are irregular in shape, size, and outline, and are formed by the solidification or ossification of an exudate which has been thrown out in consequence of some inflammatory action which has previously taken place in the part affected. They probably occur with greater frequency in the neighbourhood of the fetlock than other joints, and are more commonly met with

in racehorses, or horses of hard and fast work, or those subjected to concussion of the parts by travelling on hard roads, etc.

*Symptoms.*—There may be observed more or less swelling in the region of the joint. There is lameness, which may be severe, manifested during trotting, but which is not well marked, or may be absent, during walking. There is heat of the parts, and tenderness is manifested on flexing the joint. The symptoms are very similar to sprain of a ligament, for which the trouble may be easily mistaken.

*Treatment.*—Hot or cold applications will relieve for the time being, that is, until the animal is again exerted. Allay irritation, and treat the same as periostitis, sore shins, etc.

## CHAPTER XII.

### WOUNDS.

A wound may be defined to be a solution of continuity of the soft structures. Wounds may occur in any part of the body, and are variously described as incised, punctured, lacerated, contused, gun-shot, and poisoned. Wounds are frequently met with which are both lacerated and contused, and similiar combinations of the other varieties may likewise occur.

**Incised wounds** are those in which the soft structures are smoothly divided by means of a sharp-edged or clean-cutting instrument, such as a knife, etc. The length of an incised wound is greater than its depth. If cut in a direction parallel with the course of a muscle, the edges do not separate to any great extent; but in cases where the muscle is divided transversely, it contracts, drawing the lips of the wound apart, making a much worse appearance than when the wound extends longitudinally; and the wound extend-

ing transversely is also, as a rule, of a more serious character, causing more trouble, and occupying a longer period during the healing process.

**Punctured wounds** are such as are inflicted by means of a sharp or blunt instrument, as a stick penetrating the soft tissues, and may be caused in many ways, as by animals running through brush heaps, jumping paling fences, etc. This variety of wound is characterized by possessing a depth greater in extent than its width. It is also of a more dangerous character than an incised wound, and every wound of this kind should be regarded with suspicion, as, although the visible portions of the wound may appear small and trivial, hæmorrhage of a fatal character may be taking place in its deeper portions, or an injury sufficient to cause death may occur without any symptoms of the serious character of the wound having been manifested at the time of its occurrence.

**Lacerated wounds** are those in which the soft tissues are more or less torn. Not only the skin and areolar tissue, but in many cases the muscles, are torn to a considerable extent, or may be partially cut and partially torn. Lacerated wounds are usually caused by coming into contact with some sharp body, or by a kick from another horse, running into or through a barbed wire-fence, being very common in localities where this fencing is much used. As a rule, this class of wound is not attended with any serious results.

**Contused wounds** are commonly called bruises, and are those wounds in which the skin is not injured to any considerable extent, and in some cases is not even broken; but the deeper structures are more or less involved, and a certain amount of sanguineous effusion takes place. A good example of a contused wound is 'speedy-cut.' The part being struck, more or less extravasation of blood takes place,

according to the severity of the injury. A clot is formed, which either causes suppuration or is in due time removed by absorption. A black eye, so common amongst certain classes of men, is also a familiar example of a contused wound.

**Gunshot wounds** are of rare occurrence, except during the progress of a war, and then, of course, are of very frequent occurrence, and are caused by the discharge or bursting of firearms. A gunshot wound may be followed by inflammation, mortification, resolution, death, etc., or the function of a part may be partially or wholly destroyed, either at the time the wound is received, or several years afterward; or the part itself may be lost, and the presence of the lead, in cases where it is retained in the tissues, may give rise to a species of slow and progressive poisoning.

**Poisoned Wounds.**—This variety of wound most frequently results from the bite of some venomous reptile, as the rattlesnake, copper-head, viper, etc., in America, and the cobra, etc., in India, and may be caused by the immoderate and injudicious use of caustics, as arsenic, etc., being introduced into the part—a favourite practice with some in the treatment of spavin, fistulous withers, etc. I have heard of a case in which a poisoned wound of a frightful character was produced by the application of a toad to a splint, by which means it was expected that the splint would be cured, the enlargement disappear, etc.

**Treatment.**—The treatment of wounds varies to a considerable extent, and is governed by the situation, nature, variety, and extent of the wound under consideration. If it is an incised wound, accompanied by a considerable amount of hæmorrhage, the first procedure is, of course, to arrest the hæmorrhage. This object is effected in different ways, according to whether the bleeding vessel be an artery or a vein. If the open vessel be an artery, the blood will

be of a bright red or florid colour, and is ejected with spurts, spouting out with every beat of the heart. If the hæmorrhage be from a vein, the blood will be of a darker red, and flows steadily. Arterial hæmorrhage may be arrested by taking hold of the open mouth of the vessel with the forceps, slightly drawing it out, and applying a ligature. If the artery be one of small size, bleeding may usually be stopped by completely dividing the vessel, when, as a rule, its ends retract, and the flow of blood ceases. Torsion may also serve to check the bleeding where the vessel is not of too great size. It is said to be against the principles of surgery to ligate a vein, but in many cases, where the vein is of large size and the hæmorrhage considerable, there may be no other resource. Pressure and the use of styptics, as plumbi acetas, zincum, the various preparations of iron, hot and cold water, the actual cautery, etc., are all of considerable use in some cases of both venous and arterial hæmorrhages. After hæmorrhage ceases, remove all foreign bodies, if any be present, and if the wound be dirty, it should be carefully and thoroughly cleansed with cold or warm water, according to the season of the year, after which the edges are to be brought together and secured, which is usually done by means of sutures, the interrupted suture being the best.

**Sutures** may consist of wire, either of tin, silver, or some soft metal coated with silver. These are known as metallic sutures, besides which there are sutures of silk, catgut, etc., which may or may not be carbolized. For any ordinary wound, silk thread will do as well as any of the other materials mentioned. The suture-needle should be of a medium size. As a rule, those commonly used are too large. Sutures are further described as twisted, quilled, gloves', interrupted, uninterrupted, etc.

The **Twisted Suture** is the form of suture usually em-



ployed to close the wound in the neck after the operation of phlebotomy. In the absence of a special pin, which can now be procured, an ordinary pin may be used. The edges of the wound are to be brought together and secured in place by means of the pin, which in its turn is to be retained in position by waxed hair, or silk, preferably the latter, which is wound around the pin after the manner of a figure eight (8).

**Quilled Suture.**—This variety of suture consists of two pieces of whalebone, wood, or some similar material, one on each side of the wound, and connected by a silk thread, wire, etc. It is the form of suture usually employed in ruptured or lacerated perinaeum, and is very useful in large wounds where the lips have a tendency to gape, and considerable force is required to prevent the wound opening, the ordinary suture in such cases being liable to tear out.

**Glover's Suture.**—In this suture the stitch is passed from within outwards, in the same way in which a glove is stitched, hence the name. It is a form of suture not much used.

**Interrupted Suture.**—This suture is formed by passing the silk or wire through the edges of the wound, drawing them together and tying the ends of the suture. By this method each stitch is separate from and independent of all the others; consequently if one or more stitches break, sufficient may still be left to retain the edges of the wound in position. This is the best of all forms of sutures.

**Uninterrupted Suture.**—This suture consists of one continuous thread, forming all of the stitches from one end to the other of the wound; hence it is known as the 'uninterrupted suture.' It is objectionable for the reason that if one stitch gives way, on account of the thread separating, they all give way, and allow the lips of the wound to gape. In

sewing up a wound, the practitioner should have the animal well secured, to prevent injury to himself. A good firm hold of the lips of the wound should be taken with the fingers, as the practitioner can get along better, and the animal will offer less resistance than if the parts are handled in a gingerly manner. A small opening should always be left at the most dependent part of a wound, to allow of proper drainage, the free escape of pus, etc. Other ways of securing wounds are by plasters, straps, and bandages; but on account of the presence of the hair, and the powerful action of the panniculus carnosus muscle which render adhesion difficult, plasters are not often used.

**Strapping.**—This is done by causing a number of pieces of calico, of proper size, shape, etc., to adhere to the parts by means of an application of pitch or some similar adhesive. Strapping frequently is of great assistance in affording support to sutures, especially in extensive wounds, where it is feared that the sutures may give way.

**Bandaging.**—Wounds of a certain kind are readily secured and the edges kept in perfect apposition by means of bandages. Bandaging consists of binding or securing a part by means of a roll or sheet of some material, usually cloth or rubber. Incised wounds, such as those made for the purpose of performing neurotomy, are readily secured and the edges kept in place by a properly adjusted bandage; one advantage being that a bandage, as a rule, leaves less blemish than the sutures. Bandages also serve a useful purpose in preventing access of dirt, flies, etc., to wounds, and afford a useful support in many cases to sutures. In treating wounds, the divided edges should be always brought into perfect apposition, and the practitioner should have his mind made up as to where the first stitch should be inserted. If the wound is not properly stitched, and the parts brought into perfect apposition, an ugly pouch or wrinkle may be

left to constitute an eyesore, and be a source of aggravation to the owner of the animal.

**Dressing of Wounds.**—Most unprofessional people are imbued with the idea that there is a specific for each variety of wound. It is needless to say that such is not the case. There is a great difference of opinion among surgeons as to the best way of dressing wounds. Some believe the atmosphere to be a medium of contagion, and claim that in it exist the germs which, coming into contact with wounds, cause suppuration, etc.; hence, in treating wounds, they make it a point to rigidly exclude the air.

Others do not believe in the above theory, consequently do not make any attempt to exclude the air, and scarcely dress wounds at all, merely having the wound kept clean, allowing Nature to do the rest. Still others recommend water-dressings, etc. By the above it may be seen that decided differences of opinion exist as regards the dressing of wounds. In veterinary practice wounds do very well in many cases when exposed, but, of course, may receive some poisonous germs through the medium of the air; but the probabilities are that in a large majority of cases the air not only does no harm, but, on the contrary, often exerts a beneficial influence. Wounds in a healthy animal heal faster than in an unhealthy animal. After the wound is stitched up, the treatment must be governed altogether by circumstances. If inflammatory action be apprehended, a free use of hot or cold applications to the part will be attended with benefit; in cases where the pain is not excessive, cold water will be found preferable to hot. Inflammation, when feared, may often be prevented, and, when present, may be reduced by a dose of laxative medicine, and by giving the patient a laxative diet. As an application exerting a cooling, and at the same time an astringent action, there is nothing superior to the ordinary

white lotion. It was first recommended by the late Professor Dick, who had a very high opinion of its excellence. It may be reduced or increased in strength as desired or thought proper. Another very good lotion is as follows: Phenol pars i., aquæ partes xl.—c. Oleaginous preparations are of little use in veterinary practice. A useful application in punctures of the coronet is as follows: Tr. ben-zoin, ol. picis, ol. lini, partes equale. Ointments of lead, zinc, etc., are also sometimes useful: but, as a rule, it is not advisable to use ointments on wounds of animals. If exuberant granulations spring up, argenta nitras grs. v.—x., aquæ ʒi., may be used to touch the parts with. In case the wound is indolent, and needs stimulation, the same may be used, or iodine may be used; black oil, sulphuric acid, and similar applications, should never be used, as they will almost invariably set up a violent and serious inflammation in the parts. As a rule wounds, unless injudiciously treated, do well in our patients.

**Results of Wounds.**—One result of wounds is tetanus; and it is very generally claimed that it more frequently occurs as a result of punctured than of any other kind of wound. Tetanus usually appears about the eighth or ninth day—about the time the wound is beginning to heal nicely.

**Erysipelas**, or inflammation of the superficial and areolar structures, also occurs as a result of wounds, and is very serious when it occurs in the phlegmonous form, causing sloughing and gangrene of the tissues. Phlegmonous erysipelas usually occurs as a result of wounds in the region of the shoulder and groin: it usually manifests itself in about twenty-four hours after the reception of the wound, by swelling, etc., the pulse being weak, and running from seventy to eighty beats per minute. In such a case the prognosis is, to say the least, very unfavourable. If sup-

puration can be induced, the life of the patient may be saved; but in a majority of cases it runs on, terminating in gangrene and death. Phlegmonous erysipelas occasionally follows the use of setons, and is a very undesirable occurrence, as the operator may be blamed, though unjustly, for the result.

**Modes of Healing.**—Wounds heal in various ways, and the mode of healing depends upon certain conditions, as the character of the wound, the way in which it is treated, the state of the patient's health, etc.

**Direct or Immediate Union.**—This is the most desirable way, and can take place only in an incised wound, where the tissues are smoothly and evenly divided, without any tearing or lacerating of the parts. The hemorrhage being arrested, the lips of the wound are brought together, and it is left to heal. There is no great amount of inflammatory action, though possibly there may be some, and it heals in from twenty-four to forty-eight hours. This mode of healing usually occurs after the operation of phlebotomy; but is seen oftener in man than in our patients.

**Adhesion, or Healing by the First Intention.**—In this there is a certain amount of inflammation set up, not, however, of a severe character. Leucocytes are thrown out, and soon become converted into fibre cells. Healing by the first intention cannot take place if the inflammatory action be excessive.

**Granulation, or Healing by the Second Intention.**—It is by this method that most of the wounds in our patients heal. The parts as a general rule are brought together in some manner or other, after which a considerable extravasation of blood and serum takes place. This escapes in the course of twenty-four hours or so. There is a great influx of leucocytes, which become converted into pus corpuscles, and the cavity of the wound begins to fill up with a sub-

stance of a velvety character. These are the granulations. The wound gradually heals from the bottom. Suppuration, more or less profuse, always takes place. What is commonly known as proud flesh is simply exuberant granulations, the granulations taking on this condition in consequence of an undue amount of stimulation. Hence even this process of repair depends on a limited amount only of inflammation being present, as, if the inflammatory action be excessive, exuberant granulations spring up, and the healing process, instead of being accelerated, is retarded thereby.

**Union, or Healing, under a Scab.**—This mode of healing is usually seen in connection with small and trivial wounds, as skin abrasions, etc. A little clot or scab forms over the wound. The scab is sometimes formed of blood, serum, or dirt, or a combination of two or all of them. If the scab be allowed to remain undisturbed, in a few days it falls off, when it is found that the parts underneath are healed. In cases where it is noticed that there is irritation beneath a scab, and sometimes a formation of pus, it is advisable to remove it, and allow a new scab to form. I might mention here that the absorption of catgut sutures may be deferred by encasing them in resin or wax before using.

#### POLL EVIL.

*Definition.*—An inflammatory process set up in the muscles and skin in the region of the atlas. It runs on to the suppurative process, the adjacent structures gradually becoming affected, the ligamentum nuchæ being frequently involved. Little vitality exists in the diseased structures, and pus may burrow down between the muscles until it reaches and causes disease of the osseous structures. Poll evil is so called on account of occurring in the region of the poll.

*Causes.*—Poll evil may occur in a variety of ways, and probably is caused in all cases by either direct or indirect injury of the part, as by a horse striking his head while passing through a low doorway. It may also be caused by wearing badly-fitting halters and bridles. Another cause is the yoke which is sometimes put on to prevent the jumping of fences. Blows, and everything causing inflammation of the parts, may be followed by poll evil. It is also said to be caused by unnaturally tight reining.

*Symptoms.*—The injury being received, inflammation ensues, and is manifested by heat, pain, and swelling of the parts. The swelling soon becomes very considerable, and persists until the beginning of the suppurative process. An abscess forms, and pus is discharged, at which time the swelling subsides. Pipes or sinuses are formed, extending in all directions, and the poll soon becomes one mass of disease. The animal protrudes the head, more especially during the inflammatory stage, and on moving the head or handling the inflamed parts, pain is manifested. In some cases the swelling is very slight and may easily escape observation, especially as in many cases the mane serves to effectually hide its presence. This condition should not be overlooked when making an examination as to soundness. Ankylosis of the occipito-atloidean articulation sometimes takes place, leaving the animal with a permanently stiff neck. In other cases the pus may burrow, and cause death by penetrating a capsular ligament of one of the cervical articulations.

*Treatment.*—The treatment of poll evil varies considerably, depending upon the nature and stage of the disease at the time the case is placed in the hands of the veterinarian. During the stage of acute inflammatory action, and before suppuration has commenced, the head should be tied up, the patient kept as quiet as possible, and cold and other

applications of an anodyne or soothing character are to be applied, as camphorated liniment, etc., in the endeavour to arrest inflammation and prevent the formation of pus. A cold-water douche, where it can be arranged, will be found of great value in allaying pain and reducing inflammation. If the case has not progressed too far, the above treatment will often be successful. In many cases an enlargement remains after the swelling has subsided : its reduction may generally be effected by the application of the ungt. iodi., a stimulating embrocation, or a mild vesicant. When the disease has passed beyond a certain point and it is evident that it cannot be arrested in its course, suppuration is to be encouraged. Warm water should be freely applied. Poultices of bran, linseed meal, turnips, etc., will also be found useful, the object being to keep the parts moist and warm, by which means the formation of pus will be facilitated and pain and irritation allayed. When the presence of pus is indicated by fluctuation, pointing, etc., the abscess should be laid open and its contents allowed to escape. The abscess should have an orifice at its most dependent part, to allow of proper drainage. All sinuses are to be explored, and freely laid open with the knife where such a proceeding is feasible. In other cases a few grains of hydrarg. cor. may be inserted. It sets up considerable irritation, and a slough ensues, which usually results in a cure ; or a solution as follows may be used : hydrarg. perchlor. grs. v.—x., aquæ ʒi., with which the sinuses are to be injected. In all cases where it is necessary to use the knife it should be used freely, and if the ligamentum nuchæ is diseased it may be necessary to divide it. The result will be a gaping wound, presenting a frightful appearance, and the head will drop more or less ; but this need not occasion any alarm. It is usually necessary to cast the patient before using the knife. Sometimes considerable hæmorrhage ensues, but it is usually from unimpor-



tant bloodvessels, and in most cases ceases of its own accord. In the event of any of the more important bloodvessels being divided, the hæmorrhage may be checked in the usual way. In some cases it may be necessary to remove the exudate by means of a knife. After laying the parts open it should be treated as an ordinary wound. Treatment is usually successful, except when the bones are affected.

**Halter-Cast.**—Horses frequently become halter-cast, and as a rule more or less injury results. The animal usually struggles violently in its endeavours to free himself. If the animal has been cast for any considerable length of time, the muscles may lose their power of contracting, and on this account the animal on rising may not be able to elevate his head to its proper position. The head hangs down, until the nose nearly, or in some cases quite, reaches to, and rests upon, the ground, and mechanical congestion of the head takes place, the lips frequently becoming swollen to an enormous degree, and respiration interfered with to a considerable extent.

*Treatment.*—If the animal is unable to raise his head, it should be elevated and supported in its proper place by means of a broad bandage, an ordinary sack answering the purpose very well. The swelling of the lips and other parts is to be relieved by scarifying freely, and applying cold water, etc. The neck should be bathed and well dried afterward, and in cold weather a stimulating liniment should be applied to prevent reaction. Pus sometimes forms, and should be allowed to escape; give laxatives, diuretics, etc.

### PHLEBITIS.

Inflammation of a vein is not a very uncommon occurrence in the horse, the jugular vein being the one most commonly affected, as it is the vein usually selected for the

operation of phlebotomy. Phlebitis is less frequently met with now than it was formerly, when bleeding was so indiscriminately practised.

*Causes.*—Inflammation of a vein may be caused in various ways, but probably is caused oftener by blood-letting than anything else, and is more likely to follow the operation where several blows of the fleam have been made, or when the operation has been performed in a bungling manner, lacerating or bruising the coats of the vein, improperly closing the lips of the wound, etc. Phlebitis may also occur in consequence of some peculiar state of the system existing at the time plebotomy is performed; as, for instance, there being an irritable condition of the skin, as in laminitis, eczema, etc. These are often followed by phlebitis where venesection has been practised. Rubbing of the wound by the animal may also be mentioned as a cause. Hence it is seen that it may follow phlebotomy, even when that operation has been performed in a proper manner, and in such a case the person operating should not be blamed for any untoward results. It is common to meet with a case where twenty-four hours after bleeding a swelling is noticed, which on manipulation is found to be movable. This is a condition often mistaken for phlebitis, and known as thrombus.

*Pathology.*—In phlebitis after bleeding, inflammation becomes established in connection with the coats of the vein, causing an exudate to be thrown out. A coagulum is formed by the obstruction, the flow of blood through the vein becomes less and less, until it finally ceases, and the vein becomes impervious. The coagulum extends toward the head when it is the jugular vein that is affected; and in the brachial vein, or other veins of the extremities, the coagulum extends toward the heart. Why the coagulum should extend in one vein toward the heart and in another vein away from the heart is an interesting

problem, and one as yet for which no explanation is offered. In some cases abscesses form, and a series of them may extend up the course of the jugular vein as far as the parotid gland, and if not checked cause complete obliteration of the vein.

*Symptoms.*—Two or three days after bleeding a swelling is observed to exist along the course of the vein, and extending from the wound toward the head. On manipulation pain is expressed by the animal. Pressure on the vein below the wound fails to raise the vein. There may be slight constitutional symptoms manifested by a quickening of the pulse, etc. The swelling increases, and if the animal is on pasture, where the head is depressed during grazing, the swelling in some cases becomes enormous. There may be rigour more or less marked. The vein can be felt hard and corded underneath the skin, which is movable over it.

*Treatment.*—The treatment, to be successful, must be energetic. The horse should be tied up and have his head elevated, and fomentations are to be freely used, hot water being applied, not for five or ten minutes at a time, but for several hours at a time, after which the parts should be nicely dried, and kept warm by means of poultices. Laxative and diuretic medicines will be found useful, and may be given if the system of the animal is in fit condition for their reception. Careful attention should be paid to the diet, which should be of a cooling and laxative nature, avoiding Indian corn, etc., which tends to heat the system and increase the inflammatory action. If the case is of some standing, and abscesses have formed, they should be treated in the ordinary way by the application of poultices, etc. After the abscesses have closed a blister may be applied over the course of the affected portion or the vein. Hydrarg. biniod. may be used. A common result of phlebitis is obliteration of the vein. If it is

the jugular, use the animal carefully for some time after the acute symptoms have subsided, and do not turn out on pasture, as depression of the head will soon be followed by mechanical congestion. Where one vein becomes obliterated the corresponding vein of the opposite side becomes enlarged, and takes on the function to a certain extent of the one destroyed. In examining as to soundness, test the jugulars, raising first one and then the other; obliteration of a jugular vein constitutes unsoundness, but is not a matter of importance in a city-bred horse. In making an examination as to a horse's soundness, it is also usual to raise the jugulars to ascertain whether the animal has ever been bled for any illness.

**Thrombus.**—As before stated, this condition is sometimes mistaken for the more serious one of phlebitis, but is, in comparison to phlebitis, a very trivial condition. It is usually caused by improper closure of the wound, etc.

**Symptoms.**—There is observed more or less swelling in the neighbourhood of the wound, but the swelling is of a circumscribed character, and is movable, in contradistinction to the swelling of phlebitis, which is immovable, and more or less diffused. The constitutional symptoms present in phlebitis are absent in this condition. The swelling is caused by the exudation of a small amount of blood into the areolar tissue. This exudation is from the jugular vein, and takes place in from twelve to twenty-four hours after the wound is made, while the swelling of phlebitis does not appear for three or four days.

**Treatment.**—Remove the pin, and allow the blood and pus, if any of the latter be present, to escape, after which cleanse, and treat as indicated.

**Injuries to the Neck.**—The veterinarian often meets with a bruised or lacerated condition of the tissues in the region of the neck, caused by the bite of a vicious horse. The

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injury may seem to be of a trivial character, but, as a rule, it is not such a simple condition as it appears to be, and the veterinarian should be rather guarded in his prognosis, as in the course of a few days, instead of resolution, extensive suppuration, or even gangrene, may result.

*Symptoms.*—The skin may or may not be lacerated. There is usually a considerable amount of heat and swelling, the neck is stiff to a greater or less extent, and there is evidently considerable pain, as the animal is usually very averse to having the parts handled.

*Treatment.*—The head is to be kept elevated. Fomentations should be used freely, and, if pus forms, make an incision and allow it to escape. If this is not done, the pus will burrow down between the muscles and constitute one of the most troublesome conditions possible to have. If this result should occur, as it sometimes does, in consequence of improper or delayed treatment, or, as sometimes happens, the animal receiving no treatment at all, an endeavour should be made to get a dependent opening to allow the pus, etc., to escape freely. To attain this object it may be found necessary to make an opening extending through from one side of the neck to the other. In some cases, a pretty good recovery may take place; in other cases a failure will be the result. Sometimes, before a cure can be effected, an opening will have to be made below the cervical vertebrae, setons inserted, etc.

**Collar Galls.**—Collar galls are very common amongst working horses. They are found in the region of the neck, and are caused by a badly fitting or rough-scaled collar, which sets up irritation, resulting in a sort of serous tumour, abrasions of the skin, etc., which being pressed upon by the collar cause considerable pain, and render the animal less able to do his work.

*Treatment.*—First remove the exciting cause, clip the

hair nicely from the parts, use fomentations, etc., freely. If there is a small opening, probe it; and if deep, cut it right out, and be particular after it is cut out to have the horse's head kept elevated, as it will assist materially in treatment. This condition is not as simple a condition as it appears to be. White lotion may be used with great benefit; plumbi acetas, in solution; to which, if desired, a small quantity of tannin may be added. If it is necessary to work the animal, the collar should be well padded, and should be thoroughly cleansed and dried every night. A solution of plumbi acet. is better than the common one of sodium chloride, which, however, is of considerable benefit.

**Hair Sinuses.**—We sometimes meet with a well-marked sinus extending into the neck, or about the region of the shoulder, and which is lined with hair throughout its whole extent. They are readily discoverable, as they are easily seen.

*Treatment.*—The treatment consists in removal by means of the knife, carefully dissecting them out, after which treat as an ordinary wound.

**Saddle Galls**—These are the same as collar galls, and are treated in the same way.

**Sitfasts** are caused by badly-fitting saddles, collars, etc. It may be the cause of a troublesome little sore that will not readily heal, but breaks out on working the animal.

*Treatment.*—Do not waste time with poultices, caustics, etc., but dissect the dead skin out, and afterwards use poultices, caustics, astringents, etc., to allay irritation.

### FISTULOUS WITHERS.

A fistula is characterized by having two openings, but fistula of the withers has only one opening, hence is said to be an incomplete fistula, as the other end is a blind pouch.

*Pathology.*—Fistulous withers occur as the result of an injury, which having been received, inflammation becomes established in the soft tissues in the region of the withers, and runs on to suppuration, the neighbouring structures gradually becoming affected. In many cases the superior spinous processes of the dorsal vertebræ are involved, and gradually undergo destruction, becoming carious and necrosed.

*Causes.*—As before stated, fistulous withers occur as a result of injury, that resulting from the use of a badly-fitting saddle being in all probability the most prolific cause of the condition; riding a horse two or three hundred yards with a badly-fitting saddle is often found to be quite sufficient to produce a well-marked case. The same saddle will not fit every horse, as horses are as different in shape and conformation as men, some horses being possessed of high and thin withers, whilst others have low and thick withers, thickly clad with muscular tissue. After pus is formed it may burrow down even to the scapula, and in some cases extend down behind the scapula. It reaches the suppurative stage sooner than poll evil.

*Symptoms.*—There is more or less swelling of the parts, accompanied by heat, and there is tenderness on pressure. the animal showing a decided objection to having the parts handled. The presence of pus is manifested by the usual symptoms, as fluctuation, looseness of the hair, etc.

*Treatment.*—If the case be treated in the early stages, before the formation of pus, the inflammatory action may occasionally be arrested by the application of refrigerants, etc., but when the swelling is great, the parts hot and tender, and it is evident that pus has formed, the parts should be poulticed for a day or two, then opened freely with the knife, after which the free use of poultices and fomentations should be continued, when, if not too far gone, and the

bones are not involved, a cure will usually result. If the case is of long standing and pipes or sinuses have formed, they should be freely laid open and given a dependent orifice. If the fistula is external to the scapula, a permanent opening may be made by means of a seton. If the diseased structures are all external to the scapula, and the bones are not affected, the treatment is comparatively a simple matter; but if situated behind the scapula, it is very hard to effect a cure, particularly if the spinous processes of the dorsal vertebræ or the cartilage of prolongation are involved. Sometimes the old method of 'coring out,' with a small quantity of corrosive sublimate inserted by means of a small pipe, is very successful. But the knife is the sheet-anchor in the treatment of fistulous withers, and should be used freely to lay the diseased structures open to the bottom. If the bones are affected by caries, they are to be well scraped with the bone-spoon. If any portions of the bone are necrosed, it may be necessary to use the bone-forceps to remove the necrosed structures. Any detached pieces of bone should be removed, after which it is to be treated as an ordinary wound. Constitutional remedies may also often be employed beneficially in addition to the other treatment, as laxatives, diuretics, laxative diet, etc.

**Sprain.** — Sometimes the longissimus dorsi and other muscles are put to a severe strain, in consequence of which slight swellings may be observed over the loins, and soreness is evinced by the animal when the parts are handled. This condition is oftenest seen in racehorses and hunters, or in any horse habitually put to severe exertion. It is the cause of many a horse being unable to run a good race for months after having run one severe race when out of condition.

*Treatment.* — The animal should be allowed to rest as long



as necessary ; that is, until complete recovery is brought about, and mild stimulant and anodyne liniment should be applied to the parts. Cold and hot applications will also be found beneficial, and in some cases a slight vesicant may be required to effect a complete cure.

**Wounds of the Groin.**—Wounds here are usually of the variety known as punctured wounds, and may be produced in a variety of ways.

*Treatment.*—If the hæmorrhage be excessive, the first thing to be done is to check it. After which make a gentle but thorough investigation, for the purpose of finding out, if possible, what kind of an instrument produced the wound ; and if any foreign bodies be embedded in the tissues they are to be removed, after which the wound is to be thoroughly cleansed, and fomentations, poultices, etc., freely used. When any untoward results are apprehended, a laxative may be given, after which, in case the occurrence of erysipelas be feared, a few doses of sodium hyposulphite will be found of great service in preventing its appearance. It is good practice in some cases, if the animal is plethoric and strong, to make a pretty free abstraction of blood, and if any sign of erysipelas appears, keep up fomentations, diet carefully, etc. When suppuration occurs here it is diffuse, and may burrow among the fascia and muscles. When pus is formed allow it to escape ; often the quantity of pus found is wonderful. Use carbolic acid dressings, etc.

### ABDOMINAL WOUNDS.

Abdominal wounds may be caused in many ways, as by jumping fences, being gored by a bull, jumping or falling on a stake, etc. They are not attended by bad results, unless they completely penetrate the abdominal wall.

*Treatment.*—If the wound is dirty it should be thoroughly cleansed, the hæmorrhage, if excessive, being attended to first.

Any foreign body that may be present should be removed, after which the edges of the wound should be brought together and retained in place by means of sutures. If the wound has penetrated nearly though the wall, there is danger of the weakened structures giving way. This danger may be obviated by applying a suspensory bandage, which will afford adequate support to the weakened wall. In cases where the wound extends completely through the abdominal wall, the bowels may protrude several inches or several feet, but if they are found to be uninjured they may be carefully replaced after undergoing a thorough but gentle cleansing with tepid water, in cases where they have become dirty by touching the ground or in any other manner. After the bowels have been returned, the edges of the wound are to be brought together and secured by means of sutures, which should further be supported by the application of a broad suspensory bandage; the ends of the sutures are to be left hanging out, so that when sloughing (if any takes place) occurs the sutures can be drawn out. If the pulse is not very high the chance of recovery may be considered as good, although it is a very serious injury. On receiving an injury of this kind the horse, in a large majority of cases, immediately assumes the recumbent position. On being called in to such a case, if the patient is lying down, he should, if possible, be at once secured and not allowed to rise, as it is necessary to have him down while closing the wound, etc., and if cast the bowels may suffer injury. In some cases an opiate or an anæsthetic may be administered. In case he will not lie down there is no choice but to cast him. The untoward result to be apprehended is peritonitis, which, if it occurs, is to be treated in the usual way. The bandage should be removed at least once a day, for the purpose of dressing the wound, as there will be a very profuse discharge. If the bowels are lacerated there is no alternative

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but to order the immediate destruction of the patient. The bowels should be kept in as complete a state of rest as possible; if constipation is present, it may in most cases be effectually relieved by enemas of tepid water, purgatives of any and all kinds being totally inadmissible. The diet should be light in quantity and nature, and of an easily digestible and laxative character. Any untoward symptoms which may arise are to be combated according to the indications.

**Abscesses.**—Abscesses occasionally occur in the abdominal region, and arise from the same causes as when occurring in other parts, as bruises, etc., and sometimes irregular strangles manifests itself in this region by the formation of one or more abscesses.

*Treatment.*—Open up as in any other part, and allow the pus to escape. Care must be observed, as rupture may exist in connection with the abscess, or a bowel may be cut and cause death.

### BURNS AND SCALDS.

These may be slight, so as to cause only a slightly reddened condition of the skin, or may be so severe as to cause well-marked constitutional disturbance, great irritative fever, and death from pain and exhaustion. In the former case, where a reddened condition of the skin is produced, the deeper structures being left intact, the pain and irritation soon subside; this is followed by desquamation of the epidermis, and the parts become restored to their normal condition. The effect of a burn slightly more severe than that just described is to cause vesication, or a separation of the superficial from the deeper layer of the skin, the intervening space being filled with a serous exudation. A burn of the third degree of severity is that in which the integument, or rather the injured portion of it,

undergoes complete destruction. The fourth and most severe form of burn is that in which the skin, and the tissues beneath the skin, suffer destruction, and the circulation of the part ceases. This description of burn, when extensive, which it usually is, as a general rule causes death.

*Symptoms.*—If the burn be very severe there are usually well-marked rigors, followed by great depression; the patient shows signs of being in great pain, etc.

*Treatment.*—As soon as possible after the burn has been received the air should be rigidly excluded. Several plans are recommended by which the air may be excluded from the injured parts, probably the best of all being an application of carron-oil, which is composed of aqua calcis et ol. lini, partes equale. It is called carron-oil because it was used first at the Carron Iron Works in Scotland, where people frequently suffered from burns; its use was attended with better effect than that of any other application, and finally became general. If there is much depression, stimulants should be administered; and if the animal shows signs of much pain, the use of opiates internally, and sedative or anodyne applications—as Goulard's solution, plumbi diacetate, opii, etc.—externally, will be of benefit. Large sloughs may occur, particularly if the burn be in connection with the muscles of the haunch, and yet a pretty good recovery may result. Where stables burn down, and the flame has been inhaled, it almost invariably results in death.

#### INJURIES, Etc., IN THE SCAPULAR REGION. SHOULDER-SLIP.

Shoulder-slip is the name used by professional men; by quacks the condition is usually termed sweeney. The external muscles lose their contractile power, and the opposing

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muscles on the inner side contract forcibly, in consequence of which a bulging of the shoulder occurs, giving it the appearance of being out of place; hence the name shoulder-slip.

*Pathology.*—Injury occurring to some part of the limb, inflammatory action, more or less severe, results, and atrophy of the muscles of the shoulder follows in due course of time, either as the result of some interference with the nutrition of the part—which is usually the case where the injury is in connection with the shoulder—or as a result of functional inactivity, as in long-standing cases of navicular arthritis, when atrophy of the scapular muscles may occur in consequence of not receiving a proper amount of exercise.

*Causes.*—Shoulder-slip may be caused in a large variety of ways, hence it is a condition rather frequently met with. It may be produced by direct or indirect injury. It is most commonly seen in young horses, when the muscles are soft, and consequently more susceptible to injury than those of a mature horse, and more especially when such horses are from the country. It may result from putting a horse to work too soon. Ploughing is a very prolific cause, where the animal walks with one foot in the furrow and one foot out; in such a case probably it is due to the irregular action. Sudden jerks, such as might be caused by a plough striking a root, or snag, or suddenly starting a heavy load, a badly-fitting collar, jolts or jars, bruises, concussion, or any injury to the shoulder, etc., all tend to produce the condition known as shoulder-slip; and, as before stated, it may occur in consequence of functional inactivity, this form being seen in connection with chronic lameness and injuries situated below the shoulder, as navicular arthritis, carpalis, etc.

*Symptoms.*—In some cases the presence of inflammation may be detected before the muscles have wasted; but, as a rule, atrophy is the first symptom to present itself to the

notice of the owner, and the patient may be somewhat stiff, or even lame, for a few days; sometimes a slight stiffness may exist for three or four days, after which it disappears, and atrophy takes place. There is also an unnatural bulging of the shoulder, as before mentioned. This bulging is well marked, and easily seen. In some cases atrophy occurs to such a degree that one might think the muscles had completely disappeared, the antea and postea spinatus fossæ being plainly brought into view, and apparently being covered only with the common integument. The muscles most severely involved are the antea spinatus, postea spinatus, and teres externus in the order named, and sometimes the flexor brachii.

*Treatment.*—Occasionally the muscles are affected at their insertions or tendinous portions; such cases are always difficult, and often impossible, to cure. But in a large majority of cases the injury occurs in connection with the belly or fleshy portion of the muscle, and usually admits of cure. In a case where an animal has received an injury affecting some of the muscles of the shoulder, there may be slight swelling, pain, stiffness, etc. At this stage the patient should be allowed to rest, and hot or cold applications, according to the season, should be freely used for an hour or two at each application. After the inflammatory action has subsided, a good stimulating liniment, as the ordinary camphorated liniment, may be used. When atrophy occurs, place the patient in a loose-box and give complete rest during treatment. A mild, stimulating liniment may now be freely and frequently used; or, what is still better, a vesicant may be applied to the parts, and repeated as often as may seem necessary. Friction with the hand is also of use. Setons are of great value in the treatment of shoulder-slip, and two or three are generally required, and at least one should be inserted

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over each fossa. There is no necessity for caustics, firing-irons, etc. In cases that recover, it will take from six weeks to four or five months before the muscular fibre is reproduced. The animal should be kept quiet for three or four months, if necessary; and when the muscle begins to reappear (as it sometimes does in five or six weeks), give light exercise, as in a buggy or other light vehicle. A mode of deception commonly practised for the purpose of selling an animal having shoulder-slip, is to make an opening and blow air into the areolar tissue, which causes the skin to puff out and the shoulder to appear normal, giving it a full, healthy, and natural appearance. As a rule, an animal with a shoulder-slip will do very well for light work, as that of pulling a light spring-waggon or a carriage; but should be worked with a breast-strap. Frequently, where the bulging of the shoulder is considerable, there exists in connection with it well-marked shoulder-joint disease. Shoulder-slip constitutes an unsoundness.

### SEROUS ABSCESSSES, FIBROUS TUMOURS, Etc.

These enlargements are frequently met with in the scapular region, and of course interfere with the usefulness of an animal to a certain extent. They usually occur as a result of direct injury. Inflammation is set up, an abundant exudate takes place, and a fully-developed serous abscess is the result. Sometimes they are situated just beneath the skin. Again, they may be more deeply placed. In some cases they may become solidified without any particular organization, or may become fully organized, constituting a fibrous tumour.

*Symptoms.*—The presence of a serous abscess does not usually cause much inconvenience, unless situated in certain parts. As a rule, it is not very sore, and the animal does not seem to object very much to having it handled. About

the surest indication of serous abscess being present is fluctuation of the part on being manipulated. There is usually some enlargement also. There is not much heat, if any, and the parts are not tense and shining externally, as is the case in an abscess containing pus.

*Treatment.*—If any irritation is present, fomentations and poultices are to be employed freely, and after the irritation is reduced the abscess should be freely opened and the serum allowed to escape. They are very troublesome, as they have a tendency to form again and again by virtue of a secreting power acquired by the lining walls of the abscess. The opening should be made at the most dependent part of the abscess, and after having evacuated the cavity, it is good practice to keep it open by means of a tent saturated with some mild stimulating liniment, or tr. iodi may be used on the tent, or injected into the cavity, the object being to destroy the secretory powers of the internal wall of the cavity, and induce suppuration, when usually the wound quickly heals. Pressure, where it can be applied so as to bring the internal walls of the abscess into contact, is often found to be of considerable benefit in conjunction with the other treatment. Setons are much used, and are useful inasmuch as they keep up considerable irritation, induce the suppurative process, and at the same time allow of free drainage. In some cases, however, the practitioner will be compelled to slit the skin and cut the whole of the abscess out, after which it is to be treated as an ordinary wound by fomentations, poultices, etc. It will soon heal up by granulation. This is in all probability the best of all ways to treat serous abscesses where they have a tendency to return. If the animal is at all debilitated, constitutional remedies may be administered, as the case indicates. Sometimes it is very difficult, or even impossible, to tell whether it is an abscess or a fibrous tumour without



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exploring, which may be done with an exploring needle. The needle is to be passed into the part, which, if an abscess, may be known by the needle, on penetrating the walls, meeting with no further resistance, and on being withdrawn pus or serum, as the case may be, escapes. An abscess may have walls several inches in thickness. If it is a fibrous tumour, on being reached it will offer a considerable amount of resistance to the passage of the needle, which, when withdrawn, shows no sign of having encountered either pus or serum.

Fibrous tumours are to be removed by means of the knife, and the wound allowed to heal in the ordinary way. In the scapular region we also meet with enlargements, the symptoms of which are as follows: the enlargement may have been present for eight or ten days. It is hot and very tender, the animal evincing considerable pain when it is pressed upon. The hair over the part is found to be loose, pulling out readily. Fluctuation may or may not be detected.

*Treatment.*—Open up freely, apply poultices, fomentations, etc., and dress with acid. carbol. It is astonishing how long pus will remain in a part without any sign of its presence being manifested. Abscesses may result in the scapular region, as in other parts, in consequence of irregular strangles, which may be known by the symptoms presented, as anorexia, elevated temperature, pulse, etc.

**Tumours.**—Sometimes cases come under observation in which an exudate has been thrown out in consequence of some previous inflammation. This exudate becomes partly solidified, and an indolent tumour is the result.

*Treatment.*—Benefit may be obtained by the repeated application of vesicants; but the best and surest way is to effect their removal by means of the knife.

### SHOULDER-JOINT DISLOCATION.

The bones forming the shoulder-joint are held in place by the large and powerful muscles of the region, and not by ligaments. From this one might think that dislocation of the shoulder-joint might very readily occur, and would be common. Such, however, is not the case, dislocation of the shoulder being an extremely rare occurrence in the horse, although very common in man. When it does take place it may be known by the limb being shorter than its fellow, and by the unnatural bulging of the parts.

*Treatment.*—Endeavour to reduce the dislocation by force employed in the usual way. This done, relief will be instantaneous.

### SHOULDER-JOINT LAMENESS.

This joint is liable to injury in various ways, but is not by any means a common seat of lameness, although commonly supposed to be by a certain class of practitioners, who, when they cannot clearly locate a case of lameness, without the slightest hesitation refer it to the shoulder-joint at once, and blister and seton in the region of the shoulder, putting the poor animal to an endless amount of torture, when, in all probability, the case is one of confirmed navicular arthritis.

*Pathology.*—As a result of an injury received in some way, inflammatory action becomes established in connection with the joint. If the inflammation is not checked, but is aggravated or allowed to run on, material is thrown out which consolidates, and the animal is thereby rendered permanently lame. Or it may go a step further, causing caries, partial or complete ankylosis, etc. The tendon of the flexor brachii becoming inflamed gives rise to lame-

ness, which is generally, but, of course, erroneously, called shoulder-joint lameness by men incapable of distinguishing between the two.

*Causes.*—The causes of shoulder-joint lameness are various. It may be caused by direct injury, as by an animal running away, falling down, slipping, etc., and in young horses a very common cause is turning and circling them violently when breaking them to work. It is probably most common among cavalry horses, on account of the various evolutions they are made to take, stopping suddenly, etc.

*Symptoms.*—It is often a matter of considerable difficulty to distinguish between shoulder-joint and foot lameness, especially where the lameness is slight and not well marked; but where this form of lameness is well marked, it is observed that there is difficulty in extending the limb. The animal does not flex the knee to any great extent, and in travelling the limb is kept as straight as possible, and is brought forward with a rotatory motion, swinging it outward instead of carrying it forward in a natural manner. When the animal stands at rest, the foot of the affected limb is held on a line with, or perhaps a little behind, that of the sound limb, with the toe resting upon the ground and the knee slightly flexed. In some cases, swelling, heat, etc., may be detected in the region of the shoulder-joint. On flexing and manipulating the shoulder-joint, pain will be augmented and readily manifested by the patient. On extending the limb, the animal will rear. The parts should be both extended and flexed, and the animal trotted out immediately afterwards, when usually it will be seen that the lameness is increased. On the animal becoming warmed the lameness decreases; but on allowing him to stand all night after good warming exercise, he is found in the morning to be wonderfully stiff and lame. The action is of

greater assistance (in diagnosis) than manipulation. He shows a strong tendency to strike the toe and stumble during progression, and on being made to step over an elevation of a foot or eighteen inches, he either refuses, or, being forced, does so with every manifestation of pain and reluctance, to such an extent in some cases as to even cause the animal to groan, and lifting the affected limb very carefully, he drags it over or strikes his toe against the obstruction.

### SPRAIN OF THE FLEXOR BRACHII.

This gives rise to a lameness which is frequently mistaken for shoulder-joint lameness. If inflammation occurring in this muscle be not checked, ossification of a portion or the whole of the muscle may take place. This is on account of its structure being largely fibrous. If ossification of this muscle takes place, it renders the animal permanently lame.

*Treatment.*—The treatment for sprain of the flexor brachii is about the same as for shoulder-joint lameness; that is, frequently applied and long-continued fomentations, cold applications, etc., to allay irritation, after which counter-irritants are to be freely used, as may seem necessary, an old and good application being a newly-flayed sheep-skin. Anodyne and stimulating embrocations are often of great benefit. Where improvement is perceptible, every chance should be given the animal, and he should not be worked until a permanent cure is effected, or ossification of the flexor brachii will be likely to occur. In the case of an old or cheap animal, where there is a bony deposit around the articulation, destruction should be advised; if a good breeding animal, its life may be preserved.

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### INJURIES, Etc., IN THE PECTORAL REGION.

Injuries of various kinds in connection with the pectoral region are not uncommon, and occur in many ways. Sprain of the pectoral muscles occasionally occurs as a result of slipping, violent muscular contractions, etc.

*Symptoms.*—There is usually an amount of swelling, in proportion to the severity of the injury received. Pain is manifested by the animal, and there is difficulty in extending the limb.

*Treatment.*—The treatment consists of rest, long-continued fomentations and cold applications to reduce irritation, after which, if necessary, counter-irritants may be employed.

**Serous abscesses** are sometimes met with in the pectoral region, usually resulting from the rubbing of the martingale, etc. The treatment is the same as that employed for serous abscesses in any other part.

**Abrasions** may also occur here from rubbing of the martingale, and in various other ways, and when the skin becomes considerably irritated, it is frequently difficult to heal. Use fomentations, astringents, etc.

**Dropsical swellings** are occasionally met with, occurring in the pectoral region, as a symptom of some constitutional trouble. In such a case treatment would, of course, be constitutional, and not local.

**Wounds** often occur in connection with the pectoral region. They are usually of the punctured variety, and frequently of considerable magnitude; but even though the wound be large and deep, and appears to be very severe, etc., if no important bloodvessels are injured, the chances are that resolution will take place in a short time.

*Treatment.*—First check any excessive hæmorrhage, if possible, by means of a ligature, or the torsion forceps. In

case the bleeding vessel cannot be secured, recourse must be had to plugging, or filling up the cavity of the wound to check the hæmorrhage. In a majority of cases the hæmorrhage may be effectually arrested by inserting a plug, and allowing it to remain within the cavity of the wound for a period of twenty-four hours, or, if necessary, longer, to guard against further hæmorrhage. The plug should consist of tow, cotton batting, or some similar material, and it may be necessary in some cases to saturate it thoroughly with some styptic before inserting, as Monsel's solution, or some of the many preparations of iron, lead, etc. After all danger of a secondary hæmorrhage is past, the plug may be carefully removed, and the wound thoroughly cleansed by syringing with tepid water; and any foreign body that may be in the wound should now be removed, in case it was not moved at first. The search for foreign bodies should be careful and thorough. It is astonishing how foreign bodies will become embedded in the tissues, and remain for weeks, and even months in some cases, and that, too, without their presence being suspected in a great many cases. They have at the Ontario Veterinary College a stick, about ten inches in length by an inch in thickness, which was embedded in the pectoral muscles of a horse for six weeks without its presence ever being suspected. They also have another piece of wood, three inches in length by half an inch in thickness, which was embedded in the pectoral muscles of a colt for a period of three months. So the practitioner should be very careful to remove all foreign bodies that may be present in a wound, as, although the wound may heal, it will most certainly break out again at some future time; and when a wound heals and repeatedly breaks out, it should be a fact significant enough to cause the practitioner to suspect the presence of some foreign body in the part. It may be necessary in

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some cases to use the knife to make a dependent opening to allow the pus, etc., to discharge freely.

**Caput Muscles.**—Atrophy of the caput muscles sometimes occurs as a result of injury by falling, slipping, etc. When a sprain of these muscles has just taken place, it is often a matter of great difficulty to state positively whether it is a muscular injury or fracture of the bone. Where it is suspected that injury has occurred in connection with the insertion of the muscle, and the animal cannot bear weight upon the limb, it is good practice to place him in slings and use fomentations freely to allay irritation. If atrophy follows, the waste may be so great as to be readily perceptible, and the animal has more or less difficulty in progressing.

*Treatment.*—The treatment consists of counter-irritation, as liniments, vesicants, etc.

### INJURIES, Etc., IN THE REGION OF THE ELBOW. ELBOW-JOINT LAMENESS.

Elbow-joint lameness occasionally occurs, and is caused in various ways, as by inflammation of the joint, injuries, rheumatism, rupture or sprain of muscles or ligaments, etc.

This lameness is manifested in many cases by symptoms which, to say the least, are extremely puzzling. In severe cases, when the animal is standing quietly, he flexes the limb. He also sometimes extends the foot, but as a rule the foot is not extended. The lameness is usually well marked, and pretty severe. When the animal walks, it is upon the toe and with a peculiar doubling action, or knuckling of the fetlock-joint. On examining the region of the elbow, heat, pain, and swelling may be detected, and on manipulation of the parts, and flexion of the joint, the pain and lameness are increased. The elbow descends to a level below that of its fellow, and, if the ligaments are sprained or ruptured, it is turned out to a certain extent.

*Treatment.*—Fomentations are to be freely used to reduce the irritation, after which counter-irritants may be employed beneficially; setons in this trouble being the best form of counter-irritant to use, being preferable to vesicants, as the latter, when applied to the inner aspect of the joint, are likely to set up an irritation which is very hard to allay. The application of a high-heeled shoe is often productive of considerable benefit. The animal should also be allowed rest until fully recovered.

### CAPPED ELBOW.

Capped elbow, or shoe boil, as it is often called, consists of an enlargement on the point of the olecranon, due to injury of some kind. Capped elbow is a very common condition. It varies considerably in character, size, etc.

*Symptoms.*—At first there is only a slight irritation, giving rise to a slight exudate, causing more or less enlargement. In other cases there is considerable inflammation, which terminates in an effusion of serum. In more aggravated cases the effused fluid solidifies and forms a fibrous tumour on the point of the elbow, and in some cases suppuration may take place.

*Causes.*—The most common cause of this condition is the elbow coming into contact with the shoe when the animal is lying down, and even sometimes when the animal has no shoes on, the condition may be produced by contact of the elbow with the hoof or the ground. Capped elbow may also be produced by the belly-band rubbing the elbow, as it is likely to do when the animal is going down hill. The condition is more readily produced in summer than at any other time. It is not a serious condition by any means, but is often troublesome, and interferes to a considerable extent with the appearance of an animal. There is always a bursa situated where a tendon passes over a bone, or



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wherever there is a prominence. This bursa, from long-continued irritation, enlarges as before described.

*Treatment.*—The treatment of capped elbow varies to a considerable extent. If the injury is of recent date, and the bursa but little enlarged, with only a slight exudate, remove the shoe and freely apply hot or cold applications; and if the animal be in a gross condition a few doses of diuretic medicine will be of benefit. If a considerable amount of effusion has taken place, the parts are to be opened and the accumulation of fluid allowed to escape. In some cases lymph and fibre, or shreds, may be observed. It is good practice to insert a small quantity of digestive ointment, or pass a small seton through the parts to keep them open, and the exciting cause should be removed. Where a horse is in the habit of injuring the elbow in the manner described, it becomes necessary to afford some protection to the part, which may be effectually done by the application of an elbow-boot at night. It may be removed in the morning, unless the animal is in the habit of lying down through the day. If the enlargement is of long standing, and of a fibrous nature, it should be carefully dissected out. In such a case the wound heals by granulation, and occupies considerable time in the process. This is due in a great measure to the part being one of extensive motion, and also to the fact that more or less irritation is caused when the animal lies down. Capped elbow rarely interferes with the action of the animal, yet is unsightly, and depreciates his value.

**Elbow.**—Like other exposed parts, the region of the elbow occasionally suffers from wounds of various kinds, as kicks, punctures, open joint, etc., each of which gives rise to symptoms more or less severe, according to its nature. For general treatment see 'Wounds.' A very peculiar and interesting condition is that arising, sometimes, from the

reception of a wound penetrating the common integument in front of the shoulder, or between the elbow and shoulder, such as might be caused by an animal staking himself. The injury may be very slight, so slight, in fact, as to escape notice, but on walking, or travelling in any way, the air passes in through the wound by a sort of pumping motion, gaining access to the areolar tissue, and causes the neck and body to puff up, the swelling in some cases being enormous, and, if the animal be kept travelling, often increases to such an extent as to seriously endanger life by suffocation. Such a swelling may easily be distinguished from that arising from inflammation, etc., by its greater elasticity, and from the fact that it gives out a crackling sound on passing the hand over it. I have observed a similar condition in the ox, produced by the entrance of air through a small open wound in the dew-lap.

*Treatment.*—Immediately on discovering such a wound, it should be closed by means of sutures, and the animal kept quiet for a day or two, until the healing process has sufficiently advanced to prevent the entrance of air into the areolar tissue. In cases where the presence of the wound has escaped notice, and the animal is exercised until the swelling of the neck and body previously described takes place, the animal should be kept perfectly quiet, and if the swelling is not excessive, it will not be necessary to resort to any active measures to remove it; simply allow the animal to stand quietly, and the air contained within the areolar tissue will be removed by absorption in twenty-four hours or so. Its removal may be hastened by the use of fomentations, and the application of slight pressure to the parts. In certain parts it is by no means bad practice to make a few incisions to favour the escape of the air, and such a procedure becomes absolutely necessary in such cases as present very urgent symptoms, that is, in cases where

the swelling extends, involves the head and lips, and danger of death from suffocation becomes imminent.

### INJURIES, ETC., BELOW THE ELBOW.

Injuries of various kinds in connection with the muscles below the elbow are by no means uncommon, but, as a rule, if the animal is kept quiet, hot or cold applications used, and the various remedial measures adapted to each case employed, recovery takes place; however, if the animal, as is often the case, be put to work, or is exercised, inflammatory action becomes increased, often terminating in suppuration of a diffuse character, and the pus may burrow down among the tendons and ligaments and produce the most serious results.

*Symptoms.*—The symptoms of diffuse suppuration are pain, and often swelling; the animal backs and walks with difficulty. The parts, on handling, are found to be hot and tender, and sometimes fluctuation may be detected.

*Treatment.*—The treatment, or proper course to pursue, is plainly indicated, but is not always a very easy matter. An incision should be made longitudinally, and sometimes transversely as well, with Symmes' abscess-lancet, and the pus allowed to escape. After-treatment as usual. Sometimes there may be sloughing to such an extent as to produce open joint.

**Sprain of the bellies of the muscles** sometimes occurs in consequence of slipping, muscular contraction, etc.

*Symptoms.*—The animal has more or less difficulty in flexing and extending the limb. If a flexor alone is sprained, difficulty is shown in flexing the limb, and extension of the limb is performed with difficulty when the affected muscle is an extensor. There may or may not be pain on pressure, but there is usually more or less swelling.

*Treatment.*—Give the patient rest, and use hot and cold applications to allay irritation, after which the use of a mild stimulating liniment will often be of great service. The condition, generally speaking, is not at all serious.

**Bursal Enlargements.**—Bursal enlargements occasionally are seen in connection with, or just above, the knee, and in front of the fetlock-joint, and are usually caused by injury, as blows, wearing a yolk, etc.

*Symptoms.*—There is at first more or less swelling, which extends upward and downward for a short distance. After a certain length of time the swelling disappears, and nothing but a little puffy tumour remains. It cannot be considered as much of a detriment in a large majority of cases, but it looks bad.

*Treatment.*—The exciting cause, if recognised, must be removed, and the animal allowed to rest. Cold and astringent applications are to be freely used, in conjunction with two or three hours' pressure every day, rubber bandages properly applied being of great benefit. A mild stimulating liniment may also be used, and finally hydrarg. biniod. may be applied as a counter-irritant, and in certain cases it may be advisable to open the bursa; but in doing so the utmost care must be observed, or serious results may follow. After opening the bursa, it is to be kept open for a day or two by means of a tent or seton saturated with a digestive liniment. Opening the bursa, however, is not always to be recommended, and should only be done as a last resort.

**Tendinous Injuries.**—Laceration of the fibres of a tendon sometimes occurs in consequence of injuries received while running away, etc., and in some cases the tendon may be completely severed. When it is, the patient must be placed in slings and kept quiet, and the limb kept straight by splints or bandages (this latter point is one of great im-

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portance, as, if the limb is not kept straight, a good cure can never be made). After a time an exudate will be thrown out, and reunion of the divided ends of the tendon takes place. When the tendon is partially divided, and is neglected, it often swells to a considerable extent, and may become completely severed. When the animal moves, the tendon may be seen moving up and down, and generally there is to be seen a fungoid growth in connection with its ends. This growth must be removed, either with the knife or by means of argenti nitras, acids, etc. Acids should, however, not be used except when absolutely necessary, and, when used, should be employed in a very careful manner, so as to prevent injury to the surrounding tissues. After the divided ends of the tendon have reunited, there usually remains more or less of an enlargement, which is, however, in many cases so slight as to be scarcely noticeable, and as a rule it causes no inconvenience.

### CARPITIS.

The carpal joint is somewhat complicated, and is one of the most beautiful structures in the body. It is by no means a common seat of disease, and not nearly so liable to disease as might be supposed from its exposed situation ; however, inflammation occasionally occurs in connection with this joint, and usually as a result of injury, directly or indirectly inflicted. It may also occur in consequence of a rheumatic tendency both in young and old animals. Concussion also causes carpititis. This disease, though rare amongst old or mature horses doing ordinary work, is not at all uncommon amongst young horses, racehorses, hunters, etc. It may be caused by galloping on hard ground. The inflammation may involve the whole articulation, or only a small portion of it. When the whole joint becomes involved,

it is a rather serious affair, and liable to produce partial or complete ankylosis of the knee-joint, and render the patient comparatively useless.

*Symptoms.*—When the animal is made to walk, there may be observed more or less difficulty in extending the limb, and occasionally it is brought forward in a curve, or with a rotary motion, somewhat similar to the action of shoulder lameness, for which carpititis is often mistaken; but the limb is not lifted so high as in shoulder lameness. He does not flex the knee, and may stand on the affected limb pretty firmly, and during progression, on close observation, it may be seen that he steps slightly further with the lame than with the sound limb. In a great many cases swelling and heat may be detected, but in some cases these symptoms are absent. In such a case the lameness is very difficult to diagnose. The lameness is very similar to that of splint, but is usually more severe, and during progression, particularly if trotting, the animal drops excessively. After rest, if a horse has some little irritation of the knee, when brought out of the stable he is not lame, but soon becomes lame on being exercised. If lame in both knees, the animal has a faltering action, what some people call 'chest-founder.' On tapping the knee gently, pain is caused; on flexing it he flinches very much; and on being made to trot immediately afterward, it may usually be observed that the lameness is increased.

*Treatment.*—Complete rest is highly essential in the treatment of this, as of other joint diseases. Keep the patient standing quiet, and allay the irritation by the ordinary means, as fomentations, cold applications, anodyne lotions, etc.; and in some cases, where the irritation is not too great, a starch bandage, properly applied to the knee, will be of great benefit. After the irritation is allayed, counter-irritants should be applied—counter-irritation being of the

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most wonderful efficacy in this trouble. Hydrarg. biniod. may be used in the usual form and manner, the ointment being applied pretty extensively, and in such a manner as to invest the whole of the joint, not so much, however, being applied on the flexion side of the joint, as on the other parts, as a considerable irritation—and one very troublesome to subdue—may result in connection with the glands of the part. If properly treated, as above directed, a cure may be expected to result at the end of a period varying from a week to ten or twelve days, if it is an ordinary case of carpititis. Some cases, of course, from the intensity of the inflammation, may take longer, or never be permanently cured.

**Broken Knees.**—This condition is far less common on the American continent than in England, where they chiefly use two-wheeled vehicles, with all the weight bearing upon the back of the animal. It is caused by falling, etc., and, of course, an animal drawing a two-wheeled vehicle, with the weight on his back, falls more heavily than one drawing a four-wheeled vehicle, and consequently with no weight on his back. The practitioner may at first mistake the case for one of open joint, but a careful examination will undeceive. It is a very trivial condition as compared to open joint.

*Treatment.*—Use cold and hot applications to allay irritation, and the wound should be thoroughly cleansed to remove all dirt, gravel, etc. Astringent lotions of a mild nature may also be used, the ordinary white lotion being excellent. A horse with scars on his knees should always be looked upon with suspicion, as, when bearing such marks, it is not at all unreasonable to suppose that he occasionally stumbles and falls, to the great discomfort of his rider or driver.

**Speedy-cut.**—This condition consists of a contused wound,



more or less severe, with occasionally an abrasion of the skin. A horse may inflict a speedy-cut upon almost any part of his body, from his pasterns to his ears. The wound is inflicted by the foot of the animal during fast travelling or trials of speed. It is often seen amongst trotting horses, and in horses of a certain conformation, as in animals that are out-toed to a certain extent; and high action is often a cause of speedy-cut, where the latter occurs in connection with the knee. Speedy-cut may be only a contused wound of a very trivial character, or there may be rupture of some of the small vessels; extravasation and coagulation of the blood takes place, and it becomes very difficult to remove, and in many cases the effused fluids become solidified, in consequence of which a permanent enlargement remains, and not only detracts from the appearance of an animal, but from its size is exposed and likely to suffer from injury on subsequent occasions, the parts receiving many blows which they would otherwise escape.

*Treatment.*—The first thing to do is to remove the exciting cause, which may be done by proper attention to the feet, shoeing, etc. The animal should be rested while being treated, or if exercised should wear a boot to protect the injured part. If the enlargement is not solidified, fomentations or cold applications may be freely used for the purpose of allaying irritation, if any be present. After the irritation is allayed the enlargement may be opened, but should never be opened until all irritation is allayed, or there will generally be cause to repent it. If the enlargement is solidified, reduce irritation by the usual methods, after which counter-irritants may be applied, and usually, in such cases, it will take a long time to effect a cure. In case pus or serum forms, it should always be allowed to escape, and the wound should be treated in the ordinary way, by applying simple dressings, as tepid water, or mild astringents, as



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### INJURIES, ETC., BELOW THE KNEE. SPRAIN OF THE METACARPAL LIGAMENT.

The most frequent seat of sprain in this region is the metacarpal ligament, and this constitutes a condition commonly, but improperly, known as 'sprain of the back tendons.'

*Causes.*—Sprain of the metacarpal ligament may be caused by violent exertion of any kind, as racing, jumping, etc., but may occur in cart-horses pulling heavy loads, and more especially if they are shod with high-toed shoes; and some animals, on account of faulty conformation, have a tendency to this sprain.

*Symptoms.*—The lameness may or may not be severe. The presence of an exudate may readily be discovered on examination of the parts. Pressure on the tendon does not elicit from the animal any manifestation of pain, but pressure anterior to the tendon causes considerable pain, which is shown by flinching, etc. If bathed with hot water, temporary relief is obtained. The irritation being removed for a while, the animal stands with the limb slightly flexed. (When the *tendons* are affected, the swelling is found further back, situated about the middle of the tendon; and frequently the limb is bowed, taking on the shape usually assumed by the dried specimen.)

*Treatment.*—If the case is got immediately, refrigerant applications are to be freely used (if the weather is warm); sal ammoniac, potassium nitrate, white lotion, etc., are all of great benefit. By these means exudation may be lessened in quantity or almost completely prevented. Ice-water is also very useful, and bandages should be applied. If the exudate has already taken place and there is much pain present, fomentations as hot as the animal can bear are to

be freely used. Anodyne applications are also useful here to allay pain, and when all irritation has ceased vesicants should be used, the best in case there is any enlargement being the unguentum hydrarg. biniod. applied in the usual way, and of the usual strength. A vesicant properly and judiciously applied will tend to prevent the organization of the exudate, and when it is already organized will tend to remove it. If used too soon, however, it will do great harm. Firing is not to be recommended, except in certain rare cases, as it usually does more harm than good.

**Tendons, Bruise of.**—The tendons are occasionally bruised, but not sprained, by the animal striking himself during a gallop, or another horse striking him.

*Symptoms.*—The pain and lameness are usually very great, the inflammation is superficial to the tendon, and is often mistaken for a break-down. There is also some swelling, heat, etc.

*Treatment.*—Endeavour to remove all irritation in the usual way, after which apply a mild stimulating liniment, or slight counter-irritation may be employed. In sprain of the metacarpal ligament or the flexor tendons, the animal should be rested for a long time—six months, or a year if necessary—as if he gets sufficient time in which to rest, a complete recovery will take place, and he will be able to do any amount of work afterward as well as ever; but if put to work too soon he may go all right for awhile, then break down irreparably.

**Contraction of the Tendons.**—Contraction of a tendon consists of a shortening of the affected structure, causing the leg to be bowed more or less, in proportion to the amount of contraction that has taken place.

*Causes.*—Contraction may occur in consequence of any injury to the tendon, as laceration, blows, cuts, etc.

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*Symptoms.*—The symptoms are very plain, and a case once seen insures recognition of all cases subsequently met with. The tendon being shortened causes the animal to stand and walk upon the toe; the leg has a bowed appearance, and the fetlock knuckles over. The region of the flexor tendons usually has a full appearance, and on manipulation is found soft and full to the touch, instead of being fine, thin, and hard, as in the healthy limb. The animal when standing up or during progression has a groggy, uncertain sort of appearance. Sometimes the contraction is so great that the poor animal in walking is compelled to bring the anterior portion of the wall of the hoof to the ground first, the sole not touching the ground at all, and as time progresses the hoof gradually becomes deformed, until finally it becomes so misshapen as to in nowise bear the slightest resemblance to a foot as it ordinarily appears.

*Treatment.*—If any irritation exists in connection with the parts, it should be allayed by the methods usually employed. After the irritation is allayed, counter-irritation in a pretty severe form, if thought necessary, should be employed. The feet should be pared and brought as nearly into their natural shape as possible; and it is good practice in many cases, as in working horses, to apply a moderately high-heeled shoe. In the case of thorough-breds the shoes are to be removed altogether. The above treatment will often succeed in mild cases, or cases subjected to treatment immediately it is observed that contraction of the tendon is going on. In severe or long-standing cases, after all irritation is removed, the condition can only be remedied by the operation of tenotomy. The tendon should be severed with the tenotomy-knife, the adhesions broken down, the limb forcibly straightened, and the animal compelled to move about in his box to prevent recontraction. In congenital contraction the operation is attended with great success.

### SPRAIN OF THE SUSPENSORY LIGAMENT.

The suspensory ligament keeps the limb in its upright position. Sprain of this ligament is by no means uncommon, and when it takes place the animal should be allowed to rest until perfectly recovered. It is usually met with amongst horses of fast work, as racehorses, hunters, etc., and there is no such thing as complete recovery taking place while the animal is kept at work. If worked as usual, the chances are that it will terminate in break-down, and the animal be rendered useless for all but slow work.

*Treatment.* — The treatment is simple, consisting of plenty of rest and the use of hot or cold applications, according to the season. The limb may be bandaged also for a time, and if thought necessary a mild vesicant may be applied. Stimulant and anodyne liniments will also be found very useful. After all sign of lameness has disappeared, the animal should be given a long rest to allow time for total recovery to take place, and to guard against the danger of rupture of the tendon or complete break-down.

### RUPTURE OF THE SUSPENSORY LIGAMENT.

Break-down consists of rupture of the suspensory ligament. It is just about the bifurcation of the ligament that rupture takes place, and break-down is described as partial and complete, partial being where one branch is ruptured, and complete where both branches forming the bifurcation are ruptured. In this latter form the fetlock-joint descends nearly to, or in some cases reaches the ground. It is a far more serious condition than sprain of the ligament, and in every case where complete break-down takes place it permanently incapacitates the animal for fast work. It is of greatest frequency amongst racehorses,

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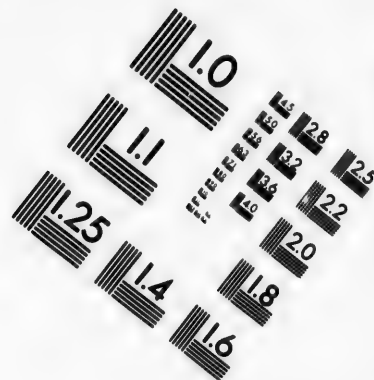
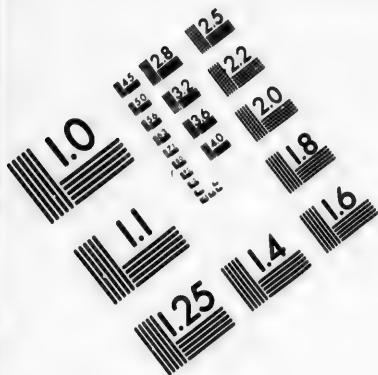
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trotters, and horses doing fast work, and more especially where they run on hard tracks, as they do on the American continent. In England, where horses run on the soft and yielding turf, break-downs are comparatively rare. It may also occur in heavy horses drawing a heavy load, and more especially if they are weak-limbed, are shod with high-toed shoes, and are in the habit of slipping, or making false steps, etc.

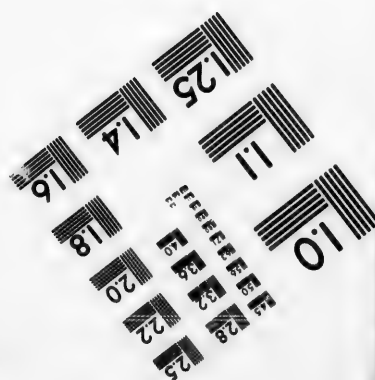
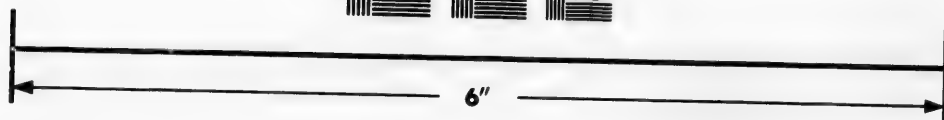
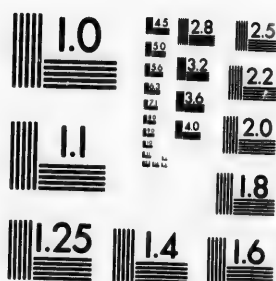
*Symptoms.*—The symptoms vary to a considerable degree, in accordance with the extent or nature of the injury. If one of the branches forming the bifurcation be ruptured, partial descent takes place, and the fetlock leans to the side of the ruptured portion of the tendon, being lower on the side formerly supported by the ruptured branch. If the rupture be complete, the fetlock will descend in many cases nearly to the ground. In many instances where the branch of one side only is ruptured, there may be slight lameness, swelling, etc., which disappear on applying cold water, etc., for a day or two. The irritation being allayed, the animal is put back to his former fast work, and comes completely down, the ligament snapping, probably on the first severe gallop he is put to; and when this takes place the limb never regains its former condition, but is always weak. However, it is wonderful the amount of slow work such an animal is capable of doing, and how strong he will become on the limb as time progresses; but it is useless to expect such an animal ever to do fast work.

*Treatment.*—A very long rest is essential, and without it all other treatment will avail nothing. Cold and hot applications should be freely used, according to the season of the year. Anodyne liniments may also be employed in conjunction with the previously mentioned applications, to allay irritation. After pain and irritation are allayed, counter-irritants, as the ungt. hydrarg. biniod., stimulating





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liniments, etc., may be used. Bandage the parts, taking care to have it properly done, and elevate the heel by stuffing it with tow. A Derby bandage will do very well to support, or keep the parts in position, or in some cases a starch or plaster-of-Paris bandage may be applied and allowed to remain for a few weeks. It will be found highly serviceable, as it will support and retain the parts in their natural position as long as desired. Afterwards apply counter-irritants, and in this trouble counter-irritation may be applied sooner than in sprain of the metacarpal ligaments. Sometimes the rupture is gradual; such a case may be known by the ligament standing out rather prominently, and feeling somewhat soft; pain is also present in the parts, and there may be slight lameness. Rest in such a case is required for a long time, as if rested for two or three days only, and then put to work, the chances are that complete break-down will result. In some cases it may be beneficial to fire, but not deeply. The same treatment may be employed where the metacarpal ligaments have given way, and with rest for six months or a year, in many cases, recovery will take place, and the speed of the animal be as great as ever.

**Cut Tendon.**—A tendon may be cut or lacerated in various ways. Where this injury occurs give perfect rest, elevate the heel, and apply a shoe arranged so as to keep the limb in one position. Apply bandages, use hot and cold applications, and if it is a clean cut a pretty good recovery may take place.

### SPRAIN OF THE FETLOCK.

In the region of the fetlock we may have inflammation of the joint, sprain of the ligaments, etc.

*Causes.*—The causes of sprain are many. It may be due to stepping upon a stone or some slight inequality of ground, making a false step, either during a walk or a gallop; and

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*Symptoms.*—There is more or less lameness, and a stubbornness in action. Heat, pain, and considerable swelling exist, and may be greater on one side of the joint than on the other. The diagnosis is further helped by flexing the joint, when the animal shows pain, after which, on being trotted out, the lameness is observed to be increased. No harm ever accrues from examining the foot, or even the whole limb. More particularly is this true in the case of the hind limb, as the animal may have picked up a nail, and both in sprain of the fetlock-joint and injuries to the hind-foot there is knuckling of the fetlock-joint.

*Treatment.*—Hot and cold applications, according to the season, are to be long and frequently applied to allay irritation, after which counter-irritants are to be used as may seem necessary, and the animal allowed a long rest.

### SESAMOIDITIS.

This consists of an inflammation of the sesamoid bursa, in consequence of sprain or the reception of an injury of some kind.

*Symptoms.*—There is lameness more or less marked, the animal usually going on his toe. There is also more or less swelling of the bursa, and on a careful examination considerable heat may be discovered in connection with the parts. On manipulation pain is evinced by the patient, and after flexion, extension, etc.—the joint being manipulated in various ways—the animal on being trotted out is observed to be lamer than before. The swelling of the bursa is hard and tense, and offers much greater resistance to the fingers than is offered by an ordinary wind-gall. After a few days' rest the animal may go perfectly sound, but quickly becomes lame on being exercised, the lameness, as a rule, being

very obstinate in character. The condition may persist until pus forms, and after a time the abscess may burst spontaneously. The formation of pus in the parts is indicated by the usual symptoms. There may also be more or less knuckling of the fetlock-joint. It may be due to rheumatism following influenza.

**Interfering.**—Interfering, although very simple in itself, frequently, on account of the presence of other conditions, improper treatment, etc., becomes very troublesome. Often, in consequence of the application of irritating lotions, hot liniments, etc., inflammation occurs, and the condition becomes one very difficult to treat. In some cases, while the skin may not be broken, the deeper tissues are bruised, causing inflammation and the formation of pus. Occasionally a case is met with, more especially in winter, where the animal stands with the limb slightly flexed, has been lame in a slight degree for some time, but the lameness has become greatly increased, and the animal moves with difficulty. On handling the parts the presence of heat is discovered, and the animal evinces considerable pain. By a careful examination fluctuation may be detected. The swelling is generally on the inside, the injury, usually occurring in the neighbourhood of the fetlock, being inflicted by the foot of the opposite side. In some cases the hair may be readily detached with the fingers, or even falls off of its own accord.

**Treatment.**—Where the above symptoms are presented, the parts should be opened by means of a lancet, and the pus allowed to escape, after which a poultice may be applied, and weak astringent and anodyne lotions used until the wound heals. The evacuation of an abscess in this region by means of a lancet must be accomplished with a great deal of care, as an imperfect knowledge of anatomy or an unsteady hand may cause irretrievable

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damage. The form just described is of most frequent occurrence during winter, the cold weather exerting a prejudicial effect in such cases, as often the bruise, simple in itself, if frostbitten, constitutes a very serious condition. Constitutional symptoms are often presented, as anorexia, heightened pulse, etc., in such a case. The contusion in its simple form should be treated by hot or cold applications, poultices, etc., after which anodyne and astringent lotions will be found useful. Hot or irritating liniments should never be used, and while using the animal the part should be protected by a suitable boot. Shoe with light shoes, and rasp the opposite hoof down on the inside. Thickening of the tissues is to be treated with ungt. iodi.

#### OPEN BURSA.

**Wound of the Bursa of a Tendon** is a very serious condition, but is not by any means of as grave a character as open joint.

*Causes.*—A bursa may be opened in many ways, but is generally opened by direct injury, as falling, snagging, entrance of the prong of a pitch-fork, etc.

*Symptoms.*—There is an oily discharge like synovia, and sometimes it is difficult to state positively whether it is a bursa or a joint that is opened. Pus forms after awhile, and flows from the wound; the animal persistently stands. In some cases there may be severe constitutional symptoms manifested, as heightened temperature, increased pulse, anorexia, etc.

*Treatment.*—If necessary, the animal may be placed in slings. Poultices are to be applied to the injured parts—flour and oatmeal, in equal parts, making a very good mixture, tending to coagulate and arrest the flow of bursal fluid. Cooling medicine, as diuretics, may be given, and, if thought necessary, a mild laxative may be administered.

### KNUCKLING.

Knuckling may be described as an unnatural position of the fetlock-joint, which is more or less flexed, causing a correspondingly large protuberance on the anterior aspect of the joint. It exists as a symptom of disease, and cannot properly be considered as a disease of itself. It coexists with contraction of the flexor tendons, as well as being seen in other conditions. It is rarely that it can be said to be a serious condition, as an animal may knuckle for years, and after death, on dissecting the joint, no visible sign of disease be present in the articulation. It may be caused by overwork without any actual disease being present. Severe pulling, etc., may cause it, hence it is often seen in young horses when first put to work. If the exciting cause be kept up, it becomes habitual; and where knuckling becomes a habit, it will remain through life. It may occur as a result of irregular exercise, sprain of the ligaments, etc. It occurs most frequently in connection with the hind limb. Certain conformation of a limb may predispose an animal. It may occur as a result of debility, etc.

*Treatment.*—If of long standing, and the usefulness of the animal is not impaired by the knuckling, the best plan is not to interfere with it, as the chances of success are very small, and especially if the animal be advanced in years. If knuckling occurs as a symptom of disease, of course the cause, and not the symptom, should be treated. Try to get the animal in good condition. A run at grass in the spring or summer is often very beneficial. Cold and astringent applications may sometimes be applied, and followed by a vesicant.

**Dislocation of Fetlock Joint.**—Dislocation of the fetlock-joint is a condition of rare occurrence, but may take place

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during fast and hard work, falls, etc. The symptoms are very plain, the animal being dead lame, and evidently suffering great pain in connection with the part, which is considerably swollen, etc.

*Treatment.*—In certain rare cases treatment may be attempted, but success is rarely attained. Endeavour to reduce the dislocation in the ordinary way; if successful, try to keep down inflammation, allay irritation, and apply a vesicant.

### SPRUNG KNEES.

In this condition the knees bend forward, in consequence of contraction of some of the flexor tendons.

*Cause.*—The condition is usually caused by hard and fast work. Irregular exercise will also produce it, as keeping the animal in a stall for several days, then taking out and driving freely. In other cases it may result in consequence of insufficient exercise and overfeeding; hence it is often seen in colts until turned out on pasture, when it leaves them. It may be caused by a horse standing in a stall with a floor sloping from before backward. Especially do the above causes operate in the production of sprung knees where there is a weak conformation of the parts.

*Treatment.*—In case it is due to standing on a sloping floor, the animal is to be placed on a level surface, or in a stall lower in front than behind. A mildly stimulating liniment or a slight vesicant is sometimes useful. In an old horse treatment is useless. It is an unsoundness, but often it does not seem to interfere with the usefulness of the animal even in the slightest degree.

*Calf-knees.*—This condition is the opposite one to sprung knees, the knees standing back like those of a calf, hence the name. Such a limb is very weak, and liable to sprains, etc. In some cases the limb may bend backward to such an

extent as to cause the flexion side of the joint to project and present an appearance similar to that of the point of the hock.

*Treatment.*—The condition cannot be remedied by any means known to the profession; hence it is never attempted.

**Inferior Sesamoidean Ligaments.**—These ligaments are often sprained, as well as the other ligaments and tendons in the vicinity. It is often a matter of extreme difficulty to correctly diagnose this condition, and mistakes are frequently made.

*Causes.*—The most prolific causes are hard and fast work, hence it is oftenest seen affecting trotters, runners, and hunting horses.

*Symptoms.*—As before stated, the symptoms are not well marked. On coming out of the stable, the animal steps in a gingerly manner, showing what is usually called tenderness, and there may be a slight swelling and soreness of the part. The joint and all the portion of the limb suspected is to be given a thorough examination by flexing, extending, pressure, and manipulating in every possible way, after which the animal may be made to trot and a correct diagnosis soon arrived at.

*Treatment.*—In this, as in lameness arising from all other ligamentous affections, absolute rest for some time is imperative, as without it a cure can never be effected. Cold and hot applications should be freely used, according to the season, being useful to reduce the irritation of the parts, after which counter-irritants are indicated; but the application of counter-irritants in the region of the heel should be made with great care, as an irritation may be set up which can be allayed only with the greatest difficulty.

**Wounds** occurring in this region may be well cleansed and closed by suture; but in case the tendon is divided, it

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is advisable to destroy the animal, as, if treated, the probability is that there will be an abnormal growth of horn or hoof; the foot becomes shapeless, and the animal is rendered useless.

### WINDGALLS.

Windgalls are soft, puffy tumours, situated at the back of the fetlocks. They were formerly supposed to contain air, but now are known to be bursal enlargements in connection with the fetlock-joint, caused by increased secretion of the fluid of the bursæ in connection with the flexor tendons. As a rule, windgalls are not productive of any harm. Occasionally, however, a windgall is found to be hard, hot, and tense, and perhaps associated with lameness. In such a case it is generally connected with some sesamoidean trouble or affection of the joint itself. Such windgalls may also have within them a sort of porcelaineous deposit, and are likely to cause trouble, and an animal having them should be rejected on an examination as to soundness. But windgalls, as they ordinarily occur, readily give way to pressure, are not hot, and are perfectly free from soreness or tenderness, and are not associated with lameness. Such a windgall is not likely to ever produce any bad results, and on an examination as to soundness, their presence and nature may be made known and the animal passed. There are bursal enlargements in connection with the knee, hock, etc., of exactly the same character as windgall of the fetlock-joint. A slight windgall should not depreciate a horse's value to any great extent. They often appear very suddenly.

*Causes.*—The primary cause of windgalls in most cases is hard and fast work, drawing heavy loads, jumping, or any work in which the limbs are put to a severe test, and they are especially liable to appear if the horse be young and soft.



Certain conformation of limb favours the occurrence of windgalls, a horse with straight, upright pasterns being more likely to suffer than a horse with oblique pasterns. Still, it must not be forgotten that while windgalls are more likely to appear in connection with a coarse or badly-formed limb, they are by no means uncommon in limbs otherwise faultless. Take, for instance, a well-formed horse four or five years of age, that has had no work for some time; drive him for a day or two, or drive him twenty or thirty miles in one day; the chances are that the next morning, after the animal has rested, there will be observed a puffiness or fulness in the region of the fetlock, which very likely will disappear in the course of a few hours, only to return in thirty-six or forty-eight hours, when a well-marked case of windgall becomes established.

*Treatment.*—The treatment of windgall often results in failure. Especially is this the case where it is of long standing. Any little irritation, heat, etc., that may exist should be allayed by the free use of warm or cold applications, according to the season of the year. Hand-rubbing is also of great benefit. The Derby bandage may also be applied. In connection with the bandages, soft pads will be found of great use, and should be adjusted in such a manner as to press directly upon the enlargements. Cooling and astringent lotions, as white lotion, sal ammoniac, or plumbi acetas in solution, are often useful, after which the repeated application of vesicants will be found of benefit. Ungt. iodi is sometimes useful, but only in very stubborn cases. It takes considerable time to reduce a windgall of long standing, and sometimes it cannot be done at all. Laxatives and diuretics may be administered if thought necessary, and are of undoubted benefit in stubborn cases and as auxiliaries to the local treatment. The animal should be placed in a loose-box and fed moderately. The best time

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to begin the treatment of windgall is in the early part of the winter season. After using pressure, vesicants, etc., the animal should be turned out, and the cold weather will have a soothing and astringent effect upon the windgalls, and, as a rule, after running out all winter, the animal comes up in the spring with nice clean limbs perfectly free from windgalls ; but as soon as the animal is put to hard or fast work they will reappear. In rare cases windgalls may be opened, drained, and pressure applied, or a fluid may be injected, as dilute iodine, after draining the bursa of its contents ; but, generally speaking, opening a windgall is not attended with much success, as a rule considerable irritation resulting in consequence of the operation, and much trouble caused thereby ; and even in cases where any untoward results, as irritation, etc., are escaped, the operation is usually attended with failure.

### HIP-JOINT DISEASE.

The hip-joint is much less frequently the seat of disease than is commonly supposed. Why this should be so is apparent to anyone understanding the structure and situation of the joint, it being one of the strongest joints in the body, being formed of some of the heaviest bones in the body firmly secured in place by extremely powerful ligaments, the principal of which are the ligamentum teres and the pubio-femoral, the latter being absent in the ox. Besides the joint being a powerful structure in itself, it is further protected by masses of powerful muscular tissue, under which it lies deeply buried. Hence it may be considered as a matter of some surprise, not that it is so seldom affected, but that it is so frequently affected. The very circumstances, it may be stated, which so efficiently protect and render this articulation so little liable to disease or injury are those which also render the

treatment of disease in this region so extremely difficult, for it must be manifest to everyone that external applications as applied in the treatment of hip-joint troubles can have but little effect upon a structure so deeply placed and so heavily clothed by muscular tissue. Inflammation may occur in this joint, and usually supervenes upon injury of an indirect character, as the localization of rheumatic poison, or by a false step or slip of the foot the ligamentum teres may be sprained. The ligamentum teres is easily injured, comparatively speaking; as, for instance, the animal may be travelling at a pretty fast pace and place his foot upon a stone, which rolls or gives way. The weight of the animal's body, the force of the foot striking the ground, the speed at which the animal is travelling, etc., all combine to cause a fearful strain. The ligamentum teres is injured, and in all probability a valuable animal is in an instant rendered lame for life. A very slight slip made by an animal while drawing a heavy load may be followed by the same result. Any exercise of a very violent character, as jumping, sudden turns while running, slipping, falling, etc., may all be said to occasionally operate as causes of hip-joint lameness. When inflammation occurs in this joint, a series of pathological changes are observed to take place in exactly the same manner as in other joints. First there is redness of the synovial membrane, an exudation is thrown out, and, as the disease progresses, ulceration of the articular cartilage and laminal layer of the bones occurs. The integrity of the joint is lost, and partial ankylosis may occur. In disease arising from the localization of rheumatic poison there is a strong tendency to the deposition of porcelainous material.

*Symptoms.*—If the inflammation existing in the hip-joint be violent, symptoms correspondingly severe are manifested by the animal, which stands persistently, being very averse

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to walking, or moving about in any way. The foot is elevated from the ground, and not allowed to descend, unless the animal be forced to move. On moving about or placing any weight upon the affected structure it is easily seen that the animal suffers pain of the most excruciating character, and the pain is increased in proportion to the amount of movement the animal is compelled to perform. Pain of such a severe character is naturally accompanied by pyrexia, well marked; anorexia, which is sometimes partial, but usually complete, followed by great emaciation, and atrophy of the muscular tissue in the region of the affected part; and in many cases the animal becomes unable to lie down, or does so only with the greatest difficulty. If the violent symptoms above described do not soon abate, or some signs of improvement be made manifest, the fact should be received as an indication that the various changes previously mentioned are taking place, and that the case is incurable, the animal in consequence remaining lame through life. The above conditions may exist in a much milder form, and although the animal may suffer great pain, he may still be able to place the foot upon the ground, and even travel; but during progression there is to be observed a peculiar sort of hop, and the movement of the limb in its course is suddenly arrested in a half-way manner, giving rise to what is called a catching gait. There is considerable difficulty in bringing forward the limb, which is observed with much greater facility when the animal is trotted. Sometimes the animal goes in a sort of an angular manner. The limb may also be brought forward with a circumductive motion, and the toe may be allowed to drag upon the ground during progression. Sometimes an examination per rectum reveals the presence of heat, and pressure may cause the animal to evince pain. Placing a suitable piece of board over the joint and striking it with

a mallet is an old method of detecting the presence of disease in the hip-joint, a shock being thereby communicated to the hip-joint, when the presence of disease will often be made manifest by the animal showing pain, and on being trotted out the lameness is observed to have been increased by the operation. In case the lameness, etc., be not increased by percussion, the fact should not be received by any means as absolute proof of the absence of disease in the articulation.

*Treatment.*—Absolute rest is imperative. Fomentations can scarcely be overdone, and should be applied for hours at a time, or cold applications may be used instead of hot, according to the state of the weather. Powerful counter-irritants are also indicated. The French recommend an operation by which the muscles over the articulation are divided, and the articulation being laid bare the hot iron is applied to it; but such an operation is very severe, and one not to be recommended in any but exceptional cases, in which all other means of treatment have been tried without benefit.

### SPRAIN OF THE GLUTEUS MAXIMUS.

One of the heads of the gluteus maximus is attached to the trochanter major, passes over the convexity, and is inserted into the ridge immediately below. This muscle may suffer from injuries, as sprains, etc., due to violent exertion, slipping, and various other causes. The injury having been received, inflammation may occur in consequence, and in some cases may extend to the bone.

*Symptoms.*—Sprain of the gluteus maximus is very difficult to distinguish from hip-joint lameness, and sometimes from lameness situated in the hock. It, however, does not give rise to symptoms as severe as those observed in hip-joint affections. The same peculiar rising and falling of

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## DISLOCATION OF THE HIP-JOINT.

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the croup is present, and progression is accomplished with as little movement of the quarter as possible. The foot may be elevated from the ground and the gluteals kept in a state of relaxation, all strain being removed from them. If the foot is not elevated from the ground the toe is usually allowed to rest upon it, and the limb thereby kept in a state of flexion. Manipulation may cause the animal to show pain, after which, on being trotted out, the lameness is usually seen to be greater than before. Percussion over the region of the articulation will be followed by negative results. There is great difficulty in bringing forward the limb, and there is swelling more or less marked, which in affections of the articulation is absent. The swelling is usually seen with ease, but where it is slight it may be more readily detected by standing behind the animal and comparing the two quarters. After the swelling subsides atrophy may occur. A history of the case will afford material assistance in making a diagnosis.

*Treatment.*—The treatment is very similar to that of hip-joint lameness; and consists of the free use of hot and cold applications, to be followed by counter-irritants after the irritation is allayed as much as possible. In this, as in hip-joint disease, slings may be necessary, and a long rest is indispensable; and in both conditions laxative and diuretic medicines, and a light laxative diet, will be found of benefit.

## DISLOCATION OF THE HIP-JOINT.

Dislocation of the hip-joint may take place in the ox, dog, cat, etc.; but it is not possible for the head of the femur to become displaced in the horse, except in cases where fracture of the acetabulum occurs. This fact is accounted for by the presence of the pubio-femoral ligament in the horse, this ligament being absent in the other animals named. Dislocation of the hip-joint may occur very

easily in the ox by violent exertion, slipping, or while being cast for an operation.

*Symptoms.*—The most prominent symptom is a shortening of the limb. There is also a certain amount of pain present, which is augmented on moving the parts. On a close examination, the part is found to present an abnormally prominent condition, and after awhile a considerable amount of swelling ensues. The symptoms are about the same in the dog and cat.

*Treatment.*—Endeavour to reduce the dislocation by manipulation, extension, traction, etc., brought to bear on the limb. This is usually effected very easily in the dog and cat, but all efforts to reduce this dislocation are of doubtful efficacy in the case of the ox, which, if fat, should be slaughtered.

#### SPRAIN OF THE PATELLAR LIGAMENTS.

The stifle-joint is a very important articulation. The patella is situated on the outer side. There are straight and lateral ligaments in common attached to the patella, and also ligaments common to the femur and tibia, interosseous ligaments, etc. Sprain of some of the straight ligaments may be caused by direct or indirect injury, as falls, slips, blows, etc., and is most common in horses used for fast and hard work—being common among stage horses, having a great deal of travelling up and down hill, stopping and starting suddenly, turning quickly, etc., while drawing a heavy load.

*Symptoms.*—If the ligaments are severely injured, there will be considerable difficulty in bringing forward the limb, flexion of the joint is not properly performed, and in some cases there is a tendency to drag the toe; these symptoms increase and become better marked. On causing the animal to trot, he may go a short distance, and then

hop on the sound limb, keeping the affected one elevated from the ground for a step or two, after which he will allow it to descend to the ground, and again trot off on it. There is much greater difficulty in bringing the limb forward than there is in hip-joint or hock lameness. On comparison of the affected joint with the sound one of the opposite side, it is discovered that there is a peculiar and unnatural prominence of the former; in some cases there seems to be as much difficulty in using the limb as though the patella had become dislocated. Every endeavour of the animal, whether being exercised or standing still, seems to be directed to flexing or using the joint in any way as little as possible. Negative symptoms, or the absence of disease in any other part of the limb, will often be of great assistance in arriving at a correct diagnosis. Professor Dick used to tell his pupils to examine the foot, although the leg was broken; and the advice was very good, as a thorough examination will not often result in a mistaken diagnosis.

*Treatment.*—The sooner such a case is treated the better. Hot or cold applications are to be used, according as to whether the weather is warm or cold, after which a vesicant should be applied, so as to invest a considerable surface, and the animal should be allowed a long rest.

**Dislocation of the Patella.**—It is seldom that complete dislocation of the patella takes place, because complete rupture of the internal lateral ligament would first have to occur. Partial dislocation, however, is of very common occurrence, the bone slipping to the outside in all cases; it being on account of the structure of the parts almost an impossibility for the bone to slip to the inside.

*Causes.*—Dislocation of the patella may be caused by falling, slipping, stepping on a cobble stone, or a stone that rolls or gives way, particularly if the animal is trotting. It is also sometimes observed to follow debilitating diseases, as



influenza, etc., in consequence of general weakness or relaxation of the muscular system, etc. It may also be due to scrofulous ostitis, or may occur in consequence of an hereditary tendency, faulty conformation, etc. Allowing a weakly colt to run on a hilly pasture may also produce the condition, it occurring sometimes in colts only five or six weeks old.

*Symptoms.*—The symptoms are very well marked, and, having seen one case, there will be no difficulty in recognising any cases that may subsequently be met with. In walking, the animal brings the limb forward in a stiff manner, and as though there was scarcely an articulation in it; the foot drags on the ground in going forward and in backing, and in some cases the foot seems as though nailed to the ground, or as though fastened in a hole in the floor, a mistake easily made where plenty of bedding is on the floor. It is said that a former pupil of the Ontario Veterinary College, now a prominent practitioner, was once sent to examine such a case, and returned with the information that the animal had got his foot fast in a hole in the floor, and was unable to extricate it. There is a peculiar stiffness of the hind quarters, the animal goes along in a stilty manner, and a clicking sound may often be heard during progression. When the animal lies down he frequently has great difficulty in rising, and in some cases is totally unable to rise. In cases of some standing an exudate may be thrown out, causing a thickened condition of the part, the irritation may extend and increase, and it finally becomes a bad case, and one difficult or impossible to cure.

*Treatment.*—The treatment is not difficult, and, as a rule, is successful. The first thing to do is to reduce the luxation, which is not at all difficult, and is accomplished as follows: stand the animal against the side of a stall, place one end of a soft cord or line of sufficient strength around the fetlock

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or pastern of the affected limb, place the free end of the cord in the hands of an assistant, and direct him to gently draw the limb forward; this done, the practitioner can, by manipulating and pushing the bone, force it into place, the bone slipping into place with a clicking sound. In some cases, by exciting the animal, as by whipping, causing him to move suddenly, etc., the bone may be caused to return to its place. But the method previously described is the surgical and only proper way of reducing the luxation. After the bone has been restored to its place, the free use of cold water, astringent lotions, etc., is highly beneficial. Bandages may also be employed in cases where it is difficult to retain the bone in place. Mildly stimulating liniments are also very useful, and in some cases it may be necessary to apply a vesicant. Moderate exercise for awhile, after each application, tends to restore the muscles and ligaments to their natural condition. In some cases the foot may be brought forward and secured for awhile in that position by a cord reaching from the pastern to the collar or neck. The animal should, however, never be left in such a position, but should be constantly watched, to prevent him being cast, and perhaps badly injured, or even killed. In exercising an animal, if it is the patella on the near side that is dislocated, the animal in turning should turn to the opposite, or off side, and *vice versa*. It may be necessary, in some cases, to elevate the hind quarters, which may easily be done by standing the animal in a stall with a floor sloping forward.

**Disease of the Semilunar Cartilages.**—The semilunar cartilages of the femoro-tibial articulation are liable to disease, in consequence of hard work, injuries, etc.

**Symptoms.**—The animal has a certain amount of difficulty in extending the limb, and on being allowed to rest a day or two he improves, but on being driven becomes worse.

Before very long more or less swelling occurs, which is followed by wasting of the muscles of the haunch, and an exudation or deposition of porcelainous material takes place.

*Treatment.*—Counter-irritation may be tried, but it is usually hopeless, the condition, as a rule, causing permanent lameness.

**Sprain of the Vasti and Rectus Femoris Muscles.**—This sprain gives rise to pretty severe symptoms. It may be caused by slipping, falling, etc.

*Symptoms.*—The animal has very great difficulty in extending the limb. During progression the toe is dragged along the ground to a greater or less extent, and the animal drops very much, the stifle descending to a considerable extent and bulging out. There is swelling, sometimes well marked, which usually disappears in a few days, and is succeeded by atrophy. The lameness is generally excessive. If the tendinous portions of the muscles are affected, the prognosis is very unfavourable; but if the injury is confined to the belly or fleshy portion of the muscles, a cure may be expected to result from treatment. But from three to eight months will elapse before the cure is complete.

*Treatment.*—The treatment consists of plenty of rest, the free use of fomentations to allay pain and irritation, after which stimulating liniments may be freely applied. As a rule, counter-irritation, in the form of a vesicant, will be found of great service. In some cases it may be necessary to place the animal in slings.

#### SPRAIN OF THE FLEXOR METATARSI.

The flexor metatarsi is attached to the femur, tibia, and head of the metatarsal bone. Injury to this muscle sometimes occurs from falls, jumping, being halter-cast, or cast for an operation. Galloping an entire horse, or other horse

if in high condition, may cause sprain of the flexor metatarsi.

*Symptoms.*—The symptoms of this condition are very peculiar. Shortly after the injury is received the muscle loses its power of contraction to a great extent, and the opposing muscles at the back of the limb, retaining their contractile power and meeting with no opposition, cause the limb to fly upward and backward with great violence, where it remains and hangs dangling as though broken. When the limb is brought forward, and the foot placed upon the ground, the animal stands firmly upon it, and apparently without any difficulty, but on endeavouring to take a step, or as soon as the weight of the animal is removed from the affected limb, it flies back, and hangs dangling as before. If the tendinous portion or insertions of the muscle are injured, the animal should be destroyed; but if the injury be confined to the fleshy portions of the muscle, treatment may be employed with a fair prospect of success.

*Treatment.*—Hot or cold applications are to be used frequently, and long at a time. After the irritation, swelling, etc., are allayed, mild stimulating liniments may be freely used, or what will be found of still greater benefit, vesicants, applied as may seem judicious, and a liniment, stimulating or anodyne, may also be used. Total rest is absolutely necessary. If the animal is fed well and properly cared for, a complete cure will usually result in about a month or six weeks; but in cases where the tendinous portions of the muscle are affected, the cure will take much longer, if it can be effected at all.

*Gastrocnemii.*—Injuries to the gastrocnemii muscles occasionally take place, occurring in various ways.

*Symptoms.*—In this lesion the limb also hangs pendulous, the symptoms being very similar to those of the condition

last described, with the exception that the limb inclines forward instead of backward. It is not so well marked as sprain of the flexor metatarsi.

*Treatment.*—Is the same as for sprain of flexor metatarsi.

### BOG SPAVIN.

A bog spavin may be defined to be a soft puffy tumour situated on the antero-internal aspect of the hock joint, and consisting of a distension of the capsular ligament with synovial fluid, which, in consequence of some irritation, has become greatly augmented in quantity, and causes a bulging out where the capsular ligament is not bound down. Bog spavin is similar to, but is a more serious condition than, windgall, because in the former condition the capsular ligament is involved. In the healthy hock joint there is usually about  $\frac{3}{4}$  in. of synovial fluid to be found, while in a hock where there is bog spavin there may be  $\frac{3}{4}$  in. or  $\frac{5}{8}$  in. found, and a very large hock may contain a greater quantity still. Bog spavin is most frequently met with amongst heavy horses, and in such animals very little importance is attached to its presence unless actual lameness is present in connection with it. But in light horses, or horses used for fast work, the presence of bog spavin or any unnatural fulness in the region of the hock should always be viewed with the greatest suspicion. Neither thorough-pin nor bog spavin, except in very rare cases, appears to do any harm when occurring in heavy horses. Bog spavin and thorough-pin usually coexist.

*Symptoms.*—The symptoms of bog spavin are very plain: the tumour can be easily seen. It varies greatly in size, and is usually compressible and cool; such a bog spavin is not likely to do any harm. If tense and hot it shows that there is a certain amount of irritation in connection with it, and a deposition of calcareous matter may be taking place, or if

already deposited it may be detected by the fingers on making a careful examination, and when found feels hard; such a case is likely to cause trouble, hence the practitioner, when examining a horse as to soundness, should always make a very careful examination, and be cautious in giving an opinion in regard to a bog spavin. As a rule, in heavy horses bog spavin is not considered as constituting an unsoundness, unless there is heat, calcareous deposits, or lameness, etc., present, and clearly attributable to the bog spavin. On the other hand, the presence of a bog spavin in a light animal, or an animal used for fast work, in any stage whatever, and whether accompanied or not by calcareous deposits, heat, lameness, etc., must be considered as constituting an unsoundness, and such an animal should be rejected on examination.

*Causes.*—Bog spavin is usually caused by hard and fast work, irregular or too little exercise, high feeding, etc., in other cases it may be produced very easily, as by a short drive; especially is this the case where an animal is predisposed to it. Young horses are more liable than old and mature animals. Occasionally after a heavy horse has been caused to exert himself, and is allowed to stand in the stable all night, in the morning a puffy tumour may be discovered on the antero-internal aspect of the hock joint, and on being examined it is discovered to be a true bog spavin.

*Treatment.*—In many cases it is not deemed worth while to treat a bog spavin—that is, where it occurs in a heavy horse, and seems to do no harm; and as symmetry and beauty are not much cared for in such horses, as long as it constitutes nothing more than an eyesore it is rarely treated. If plethoric, the animal should be reduced to a slight extent, a laxative may be administered and followed by diuretics. Hot and cold applications, preferably the

latter, should be freely used, and astringent lotions are often found to be of great benefit. Hand-rubbing, also, is useful, pressure is of very great benefit, and may be applied by means of a bog spavin truss. Where the truss cannot readily be obtained, other bandages may be applied, and arranged so as to firmly secure pads immediately over the seat of the enlargement. Vesicants may or may not be used, as the practitioner thinks best; they are, however, frequently of great benefit. Some practitioners recommend the removal of the fluid by means of the aspirator, but such an operation is not advisable. In some cases it may do well, but frequently it causes great irritation, and inflammation of an alarming character, the whole limb swelling to a great extent, and the animal may be rendered useless. In cases where bog spavin is accompanied by extensive irritation, the irritation should be allayed in the usual way as far as possible, and counter-irritants employed, in some cases the actual cautery being employed with benefit, as in windgalls. Bog spavin is best treated in the winter, the cold exerting a constricting effect.

#### THOROUGH-PIN.

Thorough-pin is a bursal enlargement, and is usually defined as being distension of the bursa in connection with the flexor pedis perforans muscle. It is commonest among, and more likely to occur in, heavy horses, and more especially in horses having heavy, thick, and straight limbs. It varies to a great extent in size, in some cases being no larger than the point of the little finger, in other cases attaining the size of the closed hand. In a great many cases of bog spavin, thorough-pin is present also, probably because the distension of the capsular ligament interferes with, to a certain extent, and sets up irritation of the bursa, causing increased secretion of its fluid, and consequent distension of the bursa itself. Pressure upon the

tumour on one side of the limb causes it to disappear on that side, and appear on the other side of the limb. Hence the name 'thorough-pin.' It rarely produces lameness, and as a general thing is not to be considered as a serious condition by any means.

*Treatment.*—The treatment of thorough-pin is about the same as that for wind-galls, bog spavin, etc. A thorough-pin truss is easily applied, and should be used, being of great benefit. Hot and cold applications and astringent lotions, the white lotion being one of the best, may be used. Vesication is also frequently beneficial. Cantharides is as good as any counter-irritant in the treatment of thorough-pin; it may be prepared and applied in the ordinary way and of the usual strength. In the winter-time the animal should be turned out. It is wonderful how great benefit cold has on thorough-pin, frequently the animal after running out all winter coming up in the spring with his limbs as clean and free from thorough-pin as ever they were. The various preparations of iodine used externally and administered internally are often useful, as they tend to cause removal of the fluid by the absorptive process. Diuretics may also be tried. Some practitioners recommend removal of the fluid contained within the bursa by the operation of puncturing, and allowing it to escape or be forced out by pressure, after which a truss is applied to prevent further distension. Such a procedure, in my opinion, is not desirable, except in certain rare cases; and where it is decided to open the bursa and remove the fluid, the aspirator should always be used.

#### CAPPED HOCK.

Capped hock consists of a little enlargement appearing on the point of the hock, and is sometimes due to distension of the small bursa situated immediately beneath the skin. In other cases it may be due to distension of the



large bursa situated between the gastrocnemii externus and internus. This latter is the most serious form of the two, and the case is more serious yet when the bursæ mentioned are both affected.

*Causes.*—Capped hock is usually caused by blows, kicks, etc., or may be due to a slightly dropsical condition, resulting from some cause not apparent, or as the result of passive congestion. This is frequently the cause in heavy horses with sluggish circulations. It also occasionally follows diseases of a debilitating character, as influenza, etc. Where an animal is met with having capped hock and a vicious eye, the indications are that he is a kicker. Capped hock may occur in any class of horses, but is most common among heavy animals, such horses, from their sluggish circulations, etc., being more predisposed to this and similar conditions than the light class of horses, the latter rarely suffering from capped hock, except as a result of direct injury, as kicks, blows, etc. In some cases the animal may be actually lame in consequence of capped hock, but such cases are very rare. It is a blemish, but when it does not cause lameness or interfere in any way with the usefulness of the animal, it cannot be considered as an unsoundness.

*Treatment.*—Capped hock, trivial though it may be, is nevertheless very difficult to treat successfully, and if of some standing, the practitioner should explain to the owner that it will take a long time to effect a cure. If the case is the result of an injury recently received, fomentations and cold applications should be employed to reduce any irritation that may be present. Hand-rubbing and the application of a mild, stimulating, or anodyne liniment will be found of benefit. Astringent and cooling lotions are also very useful. Bandages, preferably of rubber, are highly beneficial, applied so as to exert a gentle pressure upon the enlargement, the chief difficulty being to retain the bandages

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in proper position. If the enlargement still remains after the above treatment has been pursued for two or three days, iodine in its various preparations may be used, and vesicants will be of benefit, hydrarg. biniod. being the best application in this trouble. The exciting cause should always, if possible, be discovered and removed. Hence if capped hock is found to result from pressure on the point of the os calcis when the animal is lying down, the parts should be protected in some way by a pad, or the bedding in the stall should be abundant and soft, so that the part cannot be bruised. If it is caused by the animal kicking, it may be necessary, when he is a persistent kicker, to place hobbles on him while in the stable, so that he can lie down, etc., but cannot kick. Capped hock is best seen by a side view. Where serum or pus has formed, it may be necessary to open up and allow the contents to escape; but it should not be opened so freely as capped elbow, as in some cases there may ensue a considerable amount of inflammation. A seton may sometimes be passed through the enlargement, and the contents allowed to drain for a few days. The wound should be kept clean, and dressed in the ordinary way; and if it is summer-time it should be protected from flies, etc., carbolic acid lotion being excellent for this purpose. If possible to cure in any other way, it should never be opened, as afterwards the exudate shows a tendency to solidify.

#### CURE.

Curb is an enlargement situated on the posterior aspect of the hock. It is due to rupture or sprain of the calcaneo-cuboid ligament, and in some cases probably the sheath of the flexor tendon is involved, but not the tendon itself. Of course it is possible for the tendon to suffer from a sprain, but sprain of the tendon in this region is rare.

*Causes.*—Animals of a certain conformation are pre-

disposed to curb. An animal having a long narrow hock and long metatarsal bones, or one with a coarse or bent hock, is more likely to suffer from curb than an animal with a well-shaped hock. The exciting causes may be said to be hard and fast work. Any violent exertion or movement in which the parts are subjected to a severe strain may produce it. Hence often a horse has curb in consequence of running, jumping, playing, rearing, etc., rearing with a heavy rider on the back being a very prolific cause of curb. Driving an animal in deep snow will produce it as quickly as any other cause. Slipping may also cause curb, as will backing a horse very rapidly, or when he has to move a heavy load. It is of more frequent occurrence in young than in old animals, and is also more serious. Associated with curb, in a young horse predisposed to it, there is frequently found a sort of puffy tumour, extending up the groove which is situated a little to the inner side, and through which the flexor pedis tendon plays. This variety is difficult to cure, requiring a long time, and after the acute symptoms have disappeared, if the animal is put to work too soon, he will very quickly become lame again.

*Symptoms.*—The presence of a curb is, as a rule, easily detected. The animal has more or less difficulty in extending the limb, there is an enlargement on the posterior aspect of the hock-joint, situated some little distance below the point of the os calcis, and extending perpendicularly from above downward, and giving the hock a bowed or bent appearance, which is most readily detected by standing on one side of the animal and viewing the part. Heat, which is often considerable, is present, and manipulation may cause the animal to give evidence of some slight pain. There is also lameness, more or less marked, and a peculiarity of curb lameness is that, if the

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animal be allowed to rest for a couple of days or so, he may go sound apparently, and be perfectly free from lameness, but after driving awhile he becomes lame again. It is probable that in most horses having curb there is a slight predisposition. In many otherwise well-formed hocks there may be noticed a slight prominence, perhaps not more than half an inch in length, located on the seat of curb. Such a conformation may be said to predispose, and on putting such an animal to severe work the chances are that a fully-developed curb will appear. On flexing and manipulating the hock, etc., and trotting the animal out, it may be observed that the lameness is increased.

*Treatment.*—Hot and cold applications should be long and frequently used. The animal should be shod with a shoe having a moderately high heel and no toe. Refrigerants, as ice-water, etc., are very useful; anodyne liniments are also of great benefit. Rest is absolutely necessary. After the irritation has subsided to a certain extent, counter-irritants should be employed in the shape of vesicants, using those that will not blemish. The vesicant should be a good strong one, and in exceptional cases it may be necessary to use the firing-iron; but it should only be used as a last resource, and is sure to blemish. In some slight cases of curb, where a horse is wanted for a particular day, and cannot be laid off work for longer than a couple of days, it may be relieved by the use of refrigerants, as ice-water, etc., plentifully applied. Plumbi acetate in solution will also be found of great benefit. As much rest as possible should be allowed, and the chances are that the animal will be got ready for the day he is wanted.

### SPRUNG HOCK.

Sprung hock is a sprain, or an enlarged and inflamed condition of the tarsus in general, involving the whole of

the articulation, and is of most frequent occurrence in horses having crooked hocks and long metatarsal bones.

*Causes.*—This condition may arise from injuries to the part sustained while running away; it may also be caused by falls, slipping, kicks, blows of any kind, etc., and may be associated with fracture of one or more of the bones composing the joint.

*Symptoms.*—The animal is extremely lame, stands with the hock flexed, never attempts to place any weight upon the limb, and there is a well-marked puffy swelling on the inner aspect of the joint; but in severe cases the swelling may extend around the whole articulation, which may attain an enormous size, and take on an appearance somewhat similar to that of lymphangitis. It is a very serious injury.

*Treatment.*—Absolute rest must be allowed the animal. Hot and cold applications are of great benefit, and should be long and frequently applied. Refrigerants are very useful, and none more so than ice-water. Suppuration may occur among the deeper structures, and is manifested by severe and increasing pain, and sometimes fluctuation, in which case the parts should be opened up and the pus allowed to escape, after which anodyne and astringent lotions may be used. Counter-irritation is in many cases of very great benefit.

**Sprain of Flexor Tendons below the Hock.**—Sprain of the flexor tendons is not nearly so common in the hind as in the fore legs, but on account of the long hair of this part in certain classes of horses may not always be noticed.

**Sprain of the Suspensory Ligament** also occurs, and the fetlocks are sometimes very much bruised and injured by horses galloping, and the ergots striking the ground when put to very hard or fast work, such as that of racehorses.

*Treatment.*—Same as though occurring in fore-legs.

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### OPEN-JOINT.

This is one of the most serious injuries to which the horse is liable. The joints most frequently laid open are those occupying the most exposed situations, as the fetlock, stifle, hock, and knee. Frequently cases of opened bursa are met with and mistaken for open-joint; and, although often very serious, open bursa can only be considered as a condition of a very trivial character in comparison to open-joint. The temperament of a horse has much to do with the result of open-joint, a dull, phlegmatic animal standing a much better chance to recover than an excitable, highly bred, or irritable animal. In these latter the inflammation runs much higher, and all the various symptoms, which in any horse are severe enough, are in these increased to a fearful degree of intensity. A very common termination of open-joint in highly bred animals is death; but, as before stated, if it occurs in an animal of a phlegmatic temperament, and the case is got without delay and treated, the chances of recovery are much better, the inflammation not being so severe, and the constitutional fever not running so high. However, even in those animals, if not quickly controlled and held in check, death often results; and in those cases where the life of the patient is saved, the best result that can be expected is partial or complete ankylosis of the joint.

*Causes.*—Open-joint may occur in a variety of ways, as by kicks, blows of any kind, falls, punctures, etc. When the joint is opened by a clean incision, the case is more favourable to treat than when it is opened in any other way; the most unfavourable form of open-joint to treat being that produced by a kick, as, besides the joint being opened, it may be associated with fracture, and is most certainly associated with osteitis, and a lacerated and bruised condition of the soft tissues in the vicinity of the wound.

*Symptoms.*—In a case where the skin, ligaments, and synovial membrane are opened or divided by means of a sharp cutting instrument, and the surrounding tissues not bruised, etc., there may not be any very severe symptoms presented for some little time—twenty-four to forty-eight hours; but the synovia escapes, air obtains entrance to the wound, irritation and severe inflammation follow, accompanied by great swelling, and the suffering of the animal becomes most agonizing, and, unless speedily checked, death is certain. At first the discharge consists of pure synovia, which escapes freely and regularly. Soon a change takes place in the character of the discharge, and pus is observed to be mixed with the synovia. After awhile the discharge becomes streaked with blood, or takes on a red or rusty sort of tinge: this is a sign that caries is going on, and that absorption of the cartilages and articular lamellæ has taken place; and the blood occurring in the discharge is coming from the cancellated tissue of the bones; at this stage the best result that can be hoped for is ankylosis of the joint. In some cases there may be a considerable flow of pus, and the integrity of the joint not be interfered with; but if the pus is fetid, and streaked or tinged with blood, as above described, and there is great constitutional disturbance, the practitioner may know that the case is hopeless; and even the symptomatic fever is often sufficient to produce death. The appetite is completely lost or seriously impaired, great thirst is present, the body becomes bathed with sweat, the pulse is quick and weak, the mucous membranes are blanched, the general appearance of the animal indicates suffering of a very severe character, great emaciation supervenes, and death occurs in a short time; or in some cases infiltration of pus may occur in connection with the tissues in the vicinity of the injury, with sloughing of an extensive character, formation of sinuses, etc. These

results are most likely to occur in open-joint of the hock, and such a case is hopeless.

*Treatment.*—The successful treatment of open-joint is a matter of great difficulty: there is no specific for it. It is very essential that the joint be kept in as motionless a state as possible, as every movement aggravates and increases the inflammation of the parts, which are already inflamed to a degree almost unbearable. The patient also should be kept as quiet as possible—sightseers, curiosity seekers, and everything tending to excite the animal or disturb his quietude, should be rigidly excluded. The patient should be tied up short in a stall or loose-box, or in some cases it is of great advantage to place him in slings; if an irritable animal, he should be allowed to tire himself to a certain extent before being slung. Open-joint causes great irritation and inflammation in the tissues around the joint; particularly is this true in the case of the hock-joint. If the animal is restless, has a quick pulse, and there is great heat and pain in the part, fomentations may be used, and opium administered in the usual quantities, to allay the pain and irritation. The practitioner should be careful about probing wounds in the neighbourhood of joints, as open-joint may thus be produced when it did not at first exist. To stop the flow of synovia, a piece of lint saturated with one of the bland oils may be applied to the wound: this, as it were, forms a nucleus around which the discharge gathers, and leads to the formation of a scab; or the parts may be painted with collodion, and a Derby bandage applied, not too tightly; and in cases where everything is favourable the wound may heal in a day or two. Plaster of Paris, flour, etc., have been recommended to arrest the flow of synovia, and are applied by dusting on the wound. In some cases a blister is of great benefit, as it causes swelling, and consequent closure of the wound. A poultice, when considered necessary, may be applied, sooth-



ing and allaying irritation of the parts. Wheat-flour and oatmeal make a good poultice, and have a tendency to coagulate the synovial fluid. Remove and apply a fresh poultice two or three times daily. When a coagulum of synovia forms, closing the mouth of the wound, great care should be taken not to disturb it, as its presence will not only prevent any further escape of synovia, but will also prevent the entrance of air into the articular cavity, both of which are matters of the utmost importance. After the coagulum is formed a vesicant may be employed, extending completely around the articulation, and investing a considerable surface. Refrigerants are also of use if applied judiciously and at the proper time. The medicinal remedies are opium, in the usual sized dose to allay excessive pain; a laxative or a mild cathartic, followed by diuretics, is valuable to allay inflammatory action; and for the same purpose an occasional dose of aconite may be administered at the discretion of the practitioner. As before stated, if the pus be of a sanious or fetid character, the best result that can be hoped for is ankylosis. Carbolic acid and white lotion should be used in such a case; and in summer cold water will be found valuable to allay irritation, but on no account should the wound be injected. If the wound is a pretty extensive one, and there is nothing but synovia issuing from it, it should be closed as quickly as possible with suture of silver wire, silk, or catgut, and treated as above directed; but if there is a discharge of pus, the wound must not be closed, or the pus, being unable to escape, will burrow in various directions between the bones and through the soft tissues, and render hopeless a case that might otherwise have made a very good recovery. If the knee-joint be the one opened, the parts may be kept quiet and immovable (and great benefit derived thereby) by the use of splints. Sometimes granulations, more or less exuber-

ant in character, spring up. If not too luxuriant, their presence cannot be considered as a bad sign; if they are too luxuriant, caustics may be used to reduce them. The diet of the animal, if he will eat anything, should be of a light, easily digestible, and nourishing character. Open-joint, when occurring in connection with the stifle, is generally fatal.

### CHAPTER XIII.

#### Diseases of the Feet.

##### LAMINITIS.

Laminitis signifies inflammation of the sensitive laminae, and is not a very good term, inasmuch as it is not sufficiently comprehensive, as not only the sensitive laminae are affected, but the whole of the sensitive structures of the foot are more or less involved in the inflammatory process. It occurs in the acute, subacute, and chronic forms. The acute form is a very painful affection, as exudation takes place after inflammation, and, being unable to escape, presses upon the sensitive structures of the foot, and causes pain of a most agonizing character. Laminitis is also known as fever in the feet, founder, etc. Frequently in consequence of the intensity of the disease, improper or too long delayed treatment, etc., separation of the sensitive from the insensitive laminae takes place, and the os pedis descends, constituting a condition known as 'pumiced foot.' In resolution, the exudate is removed by the absorptive process. When it is not absorbed, it is greatest at the toe, and pumiced foot results. In other cases the os pedis may not descend, but the irritation being kept up, the function of the coronary substance is more or

less interfered with, and as a result the hoof grows down in a series of rings of an irregular appearance. As the whole of the sensitive structures of the foot are more or less involved in the inflammatory process, 'peditis' would, probably, be a better name, and would most certainly convey a more correct idea of the nature of the disease. It is confidently asserted that laminitis is the most painful of all diseases to which the horse is subject, a statement which will be readily credited when the structure of the foot is taken into consideration, the parts affected being largely supplied with nerves and bloodvessels, and consequently are extremely sensitive and highly vascular. In these structures, as in all others, a certain amount of swelling supervenes upon inflammation; but the structures, being enclosed in the hard and unyielding hoof, are firmly bound down, as it were, and a fearful pressure being brought to bear upon the nerves of the part, naturally gives rise to pain of the most excruciating character. Occasionally suppuration occurs in connection with the sensitive laminae, and sometimes necrosis of the pedal bone takes place.

*Causes.*—Some horses may be said to be predisposed to laminitis. Such animals have large bodies with small legs and weak feet; and those animals having flat feet are also more or less predisposed to an attack of laminitis. Such animals, however, do not suffer the most severely; but when a horse with strong, deep, and round feet is attacked, his suffering is greater than that of such a horse as above described. The exciting causes are hard and fast work, especially in localities where the roads are paved. This form of laminitis is the most serious. An animal with high pounding action is likelier to suffer from an attack of laminitis than an animal having a low smooth action. Shoeing improperly is also mentioned as a cause. It also is likely to follow any irritation or derangement of the diges-

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tive system, such as may be induced by the administration of food or drink in excessive quantities. Certain kinds of food, as barley, wheat, Indian corn, etc., tend to produce laminitis. It is easily produced in the large breeds of horses, such as the Clydesdales. It may possibly, in some cases, supervene on a case of bronchitis, and has frequently been known to follow parturition, in consequence of the irritation existing in connection with the generative system. A very frequent cause of the condition is allowing an animal to partake of large quantities of cold water when heated by exercise. Excessive quantities of food, taken under the same circumstances, by causing indigestion, also cause many an attack of laminitis. Standing an animal in a draught when heated, superpurgation, etc., are all causes of this painful disorder. It occasionally occurs in one foot only, and in such a case may be due to driving the animal with a shoe off, or the animal may have stood upon that foot for several days, in consequence of severe lameness in the opposite foot. It occurs in the hind-feet also, but less frequently than in the fore-feet. Its causes are the same, whether occurring behind or in front. Occasionally all four feet are affected, this form being rare, however, and likelier to follow some irritation of the digestive organs, than to be caused in any other way. It is of most frequent occurrence during hot weather, probably on account of the excessive heat of the body and of the ground, and possibly in connection with some slight irregularity of the digestive system. Why derangement of the digestive system should cause laminitis, or how it could possibly do so, has been to many a matter puzzling in the extreme, and one for which they could find no plausible explanation. The explanation, however, is simple, and lies in the similarity of the structures involved, the mucous membrane lining all open cavities being very

similar in structure to the common integument, and being in direct communication with the latter; the mucous membrane of the digestive system meeting the common integument at the lips and anus, and that of the generative system at the vulva in the female, and the meatus urinarius in the male; and so intimately are they blended at their point of meeting that it is impossible to tell where the one begins and the other ends. Hence, the communication being direct, it is at once seen how any irritation of the mucous membrane lining the stomach or generative organs can extend to the common integument, and through it to the foot or feet, as the case may be, and cause the inflammation commonly known as laminitis. As proof of this theory being the true one, may be mentioned the fact that, during an attack of laminitis, any sores, cuts, etc., that may be upon the body are very slow to heal, even if they show the slightest disposition to do so, showing that the skin is in a highly irritable condition. Congestion occurs before active inflammation is set up, and if the case be received at this stage, and is treated in a manner sufficiently energetic, etc., inflammation or laminitis may be prevented.

*Symptoms.*—In the acute form of laminitis the symptoms are plain, and the disease readily recognised. The disease is usually ushered in by well-marked rigors, which quickly give place to pyrexia, which is also well marked. On taking the pulse, it is found to be somewhat increased in rapidity, and is slightly fuller than usual. In a large majority of cases the first symptoms to attract notice are stiffness and stumbling during progression, and the pulse slightly quickened. As a rule the patient persistently retains the standing posture, and a characteristic of the pulse is its full and bounding character, which it retains for several days together, and varying from fifty to eighty beats per minute. The fever steadily increases, and finally becomes very great;

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so great does it become sometimes that it might lead the practitioner to suspect the case to be one of lung disease. Sweats bedew the body; constipation more or less marked is almost an invariable symptom, being absent only in such cases as are caused by superpurgation, etc.; the urine is voided in less than the usual quantities, and is high-coloured. If all four feet are affected, the animal stands with all of his feet gathered together well up under the body, and the back is roached; this posture has led some practitioners into the mistake of supposing the case to be one of kidney disease. The countenance of the patient bears an anxious expression, and is a very fair index of the agony the animal is suffering; on walking up to the animal and attempting to back him, he offers all the resistance in his power. This overcome, he moves backward only with the greatest difficulty, and with every manifestation of severe pain, dragging his feet along on the ground after him, and often giving vent to a groan.

The breathing is usually affected to a considerable extent, being more or less accelerated, and greatly resembles the breathing of pneumonia. On compelling the animal to walk, he does so in a peculiar stiff manner, and exhibits a strong tendency to stumble, even on ground perfectly level. Another symptom that may be observed is, that the patient makes every endeavour during progression to bring the heels to the ground first, and keep the toes from touching the ground at all. On standing still, if the fore-feet are affected to the exclusion of the hind-feet, this being the most common form of laminitis, he stands with the hind-feet well up under the body, and supporting the most of its weight, while the fore-legs are stretched out in front, with the heels resting upon the ground. Some animals very quickly assume the recumbent posture, finding considerable relief thereby; hence the practitioner often finds, on reaching

his patient, that he is lying down. If the animal is allowed to remain in this position it may lead to a mistaken diagnosis, as bowel trouble, etc. ; for this reason, if for no other, the patient should be forced to rise. The animal may require considerable whipping before he will rise, but will finally do so. On rising he makes a spring with his hind-feet, and immediately stumbles forward with a groan, when the practitioner may feel certain that the case is one of laminitis. On making an examination great heat may be readily detected in the region of the coronet, and sometimes it may be detected through the hoof ; there is also throbbing of the plantar arteries. When the hind-feet only are attacked, he still stands with all four of his feet under him in an endeavour to rest the heels of the hind-limbs upon the ground, and to place as much of his weight as possible upon the fore-limbs. If it becomes necessary for the patient to change his position, in doing so he puts his feet to the ground very gingerly, and raises them every now and then with a violent jerk similar to that of stringhalt, and it might almost lead one to think that the animal was suffering from that form of chorea. The mouth is found to be hot and feverish, and a peculiar clammy sort of sensation is imparted to the finger placed within it. Anorexia, partial or complete, usually the latter, is observed ; abdominal complications sometimes occur, and are manifested by the usual symptoms, and may, where the practitioner is careless or ignorant, lead to a mistake in diagnosis, and as a matter of course improper treatment, which will in every case lead to serious results. Laminitis is of frequent occurrence on board ship, such cases being caused by the animal standing on the hard board floor, horses rarely lying down on board ship or train, so long as there is any appreciable motion, but obstinately persisting in standing until compelled to lie down from sheer exhaustion ; especially is this true in the case of young and irritable

animals unused to travelling. Those animals, however, that are used to travelling, as racehorses, etc., soon get over their fear, and, accommodating themselves to circumstances, lie down and rest during transit from one race-meeting to another. Cattle also readily lie down on ship-board, hence on this account do not suffer from laminitis so frequently as horses. Acute laminitis often runs its course to a favourable termination within a very short period, and usually occupies from six to ten days. As a rule, treatment is successful, but occasionally the disease terminates fatally, especially in cases where the bone becomes affected.

*Treatment.*—The treatment of laminitis, to be successful, must be prompt and energetic. Venesection during the primary stage of the disease is frequently attended with great benefit, and more especially in the case of plethoric animals, or those working hard every day and in good condition, that are sufficiently strong to bear a copious abstraction of blood. The abstraction of blood may be general from the jugular vein, local from the artery of the toe, or it may be both general and local; but in any case a sufficient quantity of blood should be drawn to have a perceptible effect upon the pulse and course of the inflammation; but what is probably far superior to phlebotomy as a curative measure is the internal administration of arterial sedatives, the one most frequently used, and from which the best results are obtained, being aconite in the form of tincture. As there are several tinctures of aconite, which vary greatly in strength, it is essential that the practitioner should be acquainted with the strength of the various tinctures, and administer each in doses properly regulated in accordance with its strength. Potassæ nitras is almost indispensable in the treatment of laminitis, and probably has a slightly sedative action in addition to its well-known febrifuge and diuretic actions. When given, it should be in good-sized



doses, so that it will fully establish its action in as short a time as possible. A full dose of cathartic medicine should be administered without delay on the first appearance of the disease, except in such cases as are induced by superpurgation, etc., when it should be withheld. Constipation, until catharsis becomes fully established, may be relieved by enemas freely administered. In the greatest number of cases it will be found advisable to remove the shoes, allowing them to remain only in cases where the foot is bad and of a weak conformation. After removing the shoes, the wall should be rasped down to a certain extent. Fomentations as hot as the animal can bear may be freely used, and should be applied from the knees down, being valuable to soothe and allay irritation, after which poultices of boiled turnips, linseed-meal, bran, etc., may be applied for four or five days, being changed as often as necessary, at the end of which time a very perceptible improvement will almost invariably be noticed, and all the symptoms will show that recovery is taking place. In some cases, where the patient persists in retaining the standing posture, it becomes necessary to lay him down, and once down, he will almost invariably remain in that position on account of the relief experienced. Cold applications are very good, as cold water, cold poultices, etc., more especially during the summer season. If the animal does not obtain relief in four or five days after the above treatment has been employed, the practitioner may know that exudation more or less copious has taken place, and it must be removed by cutting in at the toe and allowing it to escape. This done, relief is quickly obtained. A very slight exudate may be removed by the absorptive process, which may be materially hastened by putting the animal on a course of potassium iodide. When recovery is taking place, slight exercise, such as moving the animal around the stall in a gentle manner, will be found

beneficial. At this stage a bar-shoe, made thin at the heel, should be put on. The shoes should not be allowed to remain off too long, neither should poultices be continued for too great a length of time, or undue softening of the hoof will result. Poultices of cow dung are highly injurious, and should never be applied under any circumstances whatever, such applications seriously interfering with, and in many cases completely checking, the growth of the horn. If the animal has had one or more previous attacks of laminitis, or has pumiced foot, or a foot weak or bad in any way, it is usually advisable not to remove the shoe, but it should be loosened. When venesection is practised, it should be borne in mind that a much smaller dose of cathartic medicine will suffice than when no blood is taken. The patient should be allowed to have plenty of pure cold water to drink, giving it in small quantities, but very often. If large quantities are allowed while under physic, it may interfere with its action; otherwise it is valuable to allay fever, cooling the animal and favouring diuresis. The after-treatment consists of dieting the animal on food of a light and laxative character, paying attention to the general health, and using carefully for some time.

**Laminitis, Sub-acute and Chronic.**—These forms of laminitis are caused by hard work, irregular exercise, and occasionally may arise from some irregularity in feeding, etc.

*Symptoms.*—The pulse is sometimes slightly quickened, but usually its beat is normal. When travelling, the animal goes stumbling and bobbing along, as though having but little control over his feet. Horses having small or flat feet are subject to this form of the disease. The muscles of the chest wither away, and the symptoms presented are very similar to those of navicular disease, from which, however, it may readily be distinguished, as there is more heat in the foot than there would be in a case of navicular disease,

*Treatment.*—The treatment of these forms of laminitis is more tedious, and not attended with as much success as when the disease occurs in the acute form. Poultices should be applied, and a purgative may be given, and followed by diuretics. Potassum iodide is often useful in these varieties of the disease. Counter-irritation applied in the region of the coronet is highly beneficial. Use cold applications, remove the shoes for awhile, and be careful how he is shod, as a great deal depends upon the shoeing.

**Pumiced foot** is that condition of the foot in which the coffin-bone descends, in consequence of separation of its attachments, presses upon the sole, and causes it to become more or less convex. This condition occurs as a result of laminitis occurring in the acute or sub-acute forms, and may occur without any well-marked symptoms of pain ever being shown. It may also be caused by improper shoeing, and cutting away the wall too much each time the animal is shod. The os pedis, in some cases, may force its way through the sole, and in such a case there is no alternative but to destroy the patient.

*Treatment.*—The treatment consists of removing the shoes, a free use of hot and cold applications, and the application of poultices. Rest is also very essential. The after-treatment consists of shoeing the animal properly, a bar or round shoe being the best to apply, and should be arranged so that the weight will bear altogether upon the wall and frog, and not upon the sole. Such an animal should be used very carefully, and never driven or ridden rapidly, especially on a hard road. He will do very well for work on a farm.

### CORNS.

A corn consists of a bruise of the sensitive sole and laminated structure of the bars in the angle of the heel, causing a greater or less extravasation of blood, which, if

extensive, permeates, and causes a reddened appearance of the horn, when it is said to be a corn. It is situated between the bars below and the os pedis above. It is a disease extremely common, and one to which all horses are liable. Corns are of most frequent occurrence in connection with the fore-feet, and are, when present, almost invariably found on the inner side, and but rarely on the external side. They are classified in various ways, probably the best classification being that in which they are described as hard, soft, and suppurating. A hard corn consists of an infiltration of blood into the horny tissue. Soft corns are characterized by a certain amount of blood being extravasated, more or less inflammation, and an exudation of a serous character. A suppurating corn is one in which pus is formed, suppuration occurring in consequence of previous inflammatory action. This is the most serious, and unless treated in time is likely to cause considerable damage.

*Causes.*—Shoeing, which may be said to be a necessary evil, is, when improperly done, undoubtedly a very prolific cause of corns. Horses with broad flat feet are more subject to corns than horses having good strong feet. However, it is of far greater severity when it occurs in the latter. The ordinary seated shoe will not, as a rule, produce corns, but corns may result from it owing to its being applied in an improper manner; for instance, it may be applied in such a way as to press upon the heel, and the animal being driven, particularly on a hard road, the shoe bruises the foot and a corn is the result. In shoeing by the Charlier method the whole weight is thrown upon the sole and wall of the hoof, and by this method of shoeing corns are exceedingly rare. Broad-seated shoes are also good where there is any tendency to corns. In some cases the bars of the foot will attain an enormous size from some cause, as unnatural

secretion, etc., and consequently, when the animal is travelling, readily comes into contact with some hard substance, as a pebble or stone; a bruise follows, and a corn is the result.

*Symptoms.*—The animal is lame, in some cases extremely so. If suffering from corns in both fore-feet, he usually points the foot when he stands. The lameness may be best observed by causing the animal to trot slowly. There is heat in the neighbourhood of the part, the heat in some cases being very perceptible. On squeezing the foot with the forceps the animal flinches, and shows every evidence of pain. If the forceps cannot be got, a light hammer will do, which is to be used to tap the foot with, when if a corn be present he will flinch, etc., as described above, and on being trotted out immediately afterward it may be observed than the lameness is greater than before. When walking, as a general rule, the animal shows a strong tendency to stumble. There may be a slight puffiness, and knuckling of the fetlock-joint. To such an extent is this latter symptom presented in some cases as to mislead as to the seat of lameness. By cleaning the sole over the seat of the corn redness may occasionally be seen, and once in a while pressure upon this part with the fingers will elicit some expression of pain from the animal.

*Treatment.*—Remove the shoe, and having decided that a corn is present, cut or pare down carefully, using a suitable knife. Digging down, as is so often done, is highly objectionable. When the corn is reached, the pus, if any be present, should be allowed to escape. The heel should be cut down, and the sole pared until it feels elastic under the thumb, but care should be taken not to go so deeply as to cause a flow of blood. Give as much frog-pressure as possible, place a poultice on the foot, and give the animal a few days' rest; afterwards put on a bar-shoe. Generally speaking there is no shoe equal to a round shoe in such a case. A

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one-half or three-quarter shoe may be used in some cases. The shoe recommended by Professor Williams is a very good one. A short shoe, narrow at the heels, is also a very good shoe. Place the animal in a loose-box, and exercise him daily on the snow if it is winter. Sometimes a fungoid growth springs up when suppuration has occurred; in such a case it may be subdued by argenti nitras, antimonii chloride, etc., but do not pour nitric acid on it, as is a favourite practice with some, or much harm may result.

### THRUSH.

Thrush consists of an irritation set up in connection with some of the sensitive structures of the foot, and more especially a diseased condition of the fatty frog, and is characterized by a discharge of a purulent character from the cleft of the frog.

*Causes.*—Thrush may be caused by standing in filthy stables, and running in filthy barn-yards, hence it occurs more frequently in the hind than in the front feet. It may also be present in navicular arthritis, in consequence of the irritation of the navicular bone reaching to and causing irritation of the fatty frog. Another prolific cause of thrush in horses in training is the immoderate use of cold water. Stuffing the feet with cow-dung and similar irritating substances also produces the condition. The heavy breeds of horses are the most frequent sufferers from thrush. It cannot be considered as a very serious condition, and seldom produces lameness, unless the foot is placed upon a small stone or something similar, when owing to the sensitive condition of the foot, the animal may go lame for a few steps, and then be all right. Temperature seems to exert some influence in the production of the disease, which is more common in warm than in cold climates.

*Symptoms.*—As before stated, there is a discharge of pus

from the cleft of the frog. The pus is of a yellowish colour, but very dark, and in some cases may very properly be described as almost black, and is possessed of a horribly offensive odour, which, if smelled once, will never be forgotten. There may be lameness, but as rule this symptom is absent. There is usually tenderness present, in a degree more or less marked, and if the parts come into contact with any hard substance, as a stone, etc., the animal will flinch, and perhaps go lame for a short distance.

*Treatment.*—Remove the exciting cause. If the animal has been running in a filthy stable or barn-yard, he should be placed in quarters free from filth and dampness; remove the shoes, pare down the frog and sole generally; thoroughly cleanse the parts with a weak solution of phenol in warm water and soap, after which apply a poultice of lini farina, or any good material, for a period of twenty-four or forty-eight hours, at the end of which time, the irritation being allayed, the poultice may be removed, and acid. carbol., in the proportion of one part to sixteen of water, applied on a pledget of tow. Cupri sulphas and zinc. sulphat. in solution are also useful. Zinc. chlorid., etc., may often be used successfully, but what appears to be nearly a specific for thrush is hydrarg. subchlorid., to be applied in sufficient quantities by dusting it into the cleft and over the parts affected; this done, a pledget of tow and tar should be placed over it, arranged so as to cause slight pressure, a moderate amount of pressure on the parts being very useful. Thrush is not usually difficult to cure when the discharge is not due to navicular disease.

#### PUNCTURED WOUNDS OF THE FEET.

Punctured wounds in the feet are of very frequent occurrence, more especially in the neighbourhood of iron-works, nail factories, etc. These wounds are usually caused

by nails, screws, broken glass, tacks, etc., and according to the depth and situation of the wound there are symptoms presented of greater or less severity. If the joint be penetrated, or the bone interfered with, serious symptoms will invariably be presented. On the other hand, a nail may pass up by the side of the horny frog, through the fatty frog, and very deeply into the foot, and no very well-marked symptoms be exhibited or serious consequences follow. If the navicular bursa be interfered with, or the tendon of the flexor pedis perforans wounded, well-marked symptoms will be exhibited, and serious results are to be apprehended. An injury to the navicular joint is one of the most painful and serious injuries to which the foot is liable, and when it does not terminate fatally it results in destruction of the joint.

*Symptoms.*—It is by no means a very easy thing in all cases to detect a nail in a horse's foot, hence a very close and thorough examination should be made in all cases, or mistakes in diagnosis will be very liable to occur. If a punctured wound occurs in the fore-foot in connection with the sensitive structures, lameness suddenly becomes manifested. When standing quietly the animal may be seen to nurse the foot, elevate the heel, etc., and in a few hours increase of heat can be detected around the coronet. These symptoms should lead the practitioner to suspect the presence of some foreign body in the foot, and by removing the shoe, cleaning the horn, and paring it down well with the draw-knife, the cause of the trouble may be discovered; but even after paring down the horn, etc., it is frequently a matter of great difficulty to find the offending agent. In many cases, especially in the case of a nail in a piece of wood, the nail, having entered the foot and produced the injury, is at once withdrawn, leaving no sign except the opening it made, which, on account of its small size and



becoming filled with mud or some other substance, is more or less effectually hidden, and its presence can only be made manifest by the most thorough examination. The practitioner should examine more particularly in and by the frog, and anything looking like a bruise or an opening should be explored. Pressure of the fingers, or tapping lightly with a hammer over the suspected part, may elicit some expression of pain from the animal. If the wound occurs in the hind-foot, the animal when walking extends the foot well, and perhaps more than usual, elevating the heel at the same time in an endeavour to relieve it of all weight. When standing he rests upon the toe. There is also more or less knuckling of the fetlock-joint. There may be considerable fever, and the irritation may extend upward, in some cases to the stifle-joint, and cause an immense amount of swelling, accompanied by great pain, loss of appetite, and more or less constitutional disturbance, as elevation of pulse, well-marked fever, etc.

*Treatment.*—Having searched for and found the offending agent in the foot, it should be removed without delay. No more of the horn should be cut away than it is absolutely necessary to remove, as bad results sometimes follow too much paring. There should be applied a pledget of tow, saturated with tar, tr. benzoin, etc., to the wound in such a manner as to completely close it, and prevent the entrance of air, dirt, etc. The animal should be kept standing perfectly quiet until all danger is past. Sometimes when an animal is put to work too soon, say in a couple of days after the reception of the injury, suppuration takes place, and lameness more or less severe results in consequence, which would not have been the case if the animal had been kept quiet. When suppuration occurs, the knife should be used to cut down and allow the free evacuation of the pus. If this is not done, and at the proper time, the pus will

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seek an outlet of its own, and after burrowing in various directions, and causing considerable suffering to the animal, will most probably escape at the coronet and cause quittor. The practitioner, during the search for the offending agent, should be careful not to wound the healthy vascular structures, as the resulting hæmorrhage will obscure and seriously interfere with his operations. Fomentations will be found valuable to cleanse and soften the parts, allay pain, etc. Poultices may be applied after the fomentations, at the discretion of the practitioner. Any constitutional symptoms that may arise are to be combated in the usual way by the administration of cathartics, diuretics, febrifuges, sedatives, etc., as indicated, and the use of fomentations, anodyne applications, poultices, etc., locally, to allay irritation. The portion of frog or sole that it has been necessary to remove will very quickly be reproduced, and in cases that recover the animal is usually ready to go to work in a few days. If fungoid growths spring up, they are to be treated in the usual way by caustics, the hot iron, etc. Sometimes the sole becomes under-run, and pus forms at the base of the frog. In such a case allow the pus to escape, and remove all useless or semi-detached pieces of horn, etc., keep clean by an occasional bath of tepid water, and use astringent lotions, carbolic acid lotion, and, if considered necessary, an occasional poultice.

#### PRICKING.

Pricking a horse when shoeing him consists of driving the nail into the sensitive structures instead of through the insensitive horny wall of the hoof. A nail may split, and one portion go in the right direction and the other portion be forced into the sensitive structures. Hence pricking is in many cases purely accidental and unavoidable, and may occur with even the most careful shoer,

especially if a faulty nail be used. The walls of the hoof may also be abnormally thin, or the animal may make a sudden jerk while the nail is being driven, and its course be thereby changed. In many cases, however, it is due to carelessness on the part of the shoer. If the nail is withdrawn at once and the animal kept perfectly quiet, as a rule no bad results will follow; but often the smith does not know that he has pricked the horse, and in other cases he may be aware of the fact, but refrains from mentioning it, the result being great lameness in a day or two afterward. Again, lameness may be produced by the shoulder of the nail pressing upon the sensitive laminæ, in consequence of the nail having been driven too near without having actually touched the sensitive structures. In such a case the animal usually remains free from lameness for a week or so, and then becomes lame in consequence of the continual irritation. Again, the lameness may be developed by the animal stepping upon a stone, and thereby increasing the slight irritation already present from the nail. When the practitioner is told that the horse has recently been shod, and has become lame, he should examine the situation of the nails, when usually one nail will be seen to have passed a little higher than the others. The animal should be caused to walk and trot, his action and the degree of lameness, meanwhile, being carefully observed. After which, tap on the suspected spot, or use the pincers, and trot him again, when it will be observed that the lameness is greater than before. In other cases a hole may be seen, showing that a nail has been driven and withdrawn, probably because the smith had become aware that he had pricked the animal. The appearance of such a hole should be regarded as a suspicious circumstance, and after examination the shoe should be removed and the knife used to make a dependent opening to allow of the free escape

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of any pus that may be present. A poultice should also be applied and the animal kept perfectly quiet. In some cases dark-coloured blood will escape, or the discharge may consist of serum or pure pus. Whatever it consists of, it must escape in some way; and if a dependent opening is not made for it, the probabilities are that it will come out at the coronet and form a quittor, or that the limb may become gangrenous. In other cases the irritation and inflammation may give rise to alarming symptoms, be followed by extensive suppuration, and cause separation of the horny from the sensitive laminae to take place. The sole becomes under-run, and this has to be cut away and new horn allowed to grow, the animal in the meantime being allowed to rest. If there are any signs of irritative fever manifested, the animal should be given a laxative, and the symptoms combated as they arise. The diet of the animal should be of a laxative character. If fungoid growths spring up they are to be reduced by caustics, as argenti nitras in solution, antimonii chloride, etc., or in exceptional cases the hot iron may be used.

### CANKER.

Canker consists of a malignant growth of a fungoid nature, and usually occurs as a result of an injury, as punctures. Thrush also is said to be a cause of canker. It may be situated near the point of the frog, or may occur in the cleft of the same structure. Some horses are more or less predisposed to canker, heavy horses more particularly. Separation of the sensitive from the insensitive sole takes place, and a growth of an extremely vascular nature springs up and extends partially over the foot, causing a considerable amount of suffering. On the American continent canker usually occurs in a mild or non-malignant form.

*Symptoms.*—On an examination, the foot is found to be hot and tender, the frog soft and spongy, and in a short time the growth makes its appearance; it is very vascular, on being cut bleeds freely, and sometimes there is also a discharge of a very fetid odour. The growth extends, and may involve the whole of the sole and frog. The animal is also more or less lame. The disease is characterized by a tendency to spread, and ultimately, if not checked, produces deformity of the whole hoof, with more or less rapid degeneration of the whole horny tissue.

*Treatment.*—The treatment of canker is tedious, and not always successful, it being in all cases difficult to cure. The knife must be used freely; the walls are to be cut down, all useless or semi-detached portions of horn being removed, after which the hot iron may be used, but caustics in the liquid form are better than the hot iron. Nitric acid is probably the best caustic that can be used in the treatment of canker, and should be used to cauterize the parts thoroughly, after which, as a dressing, a pledget of tow saturated with carbolic acid may be applied. Professor Williams recommends chromic acid in the treatment of canker, but it must be applied very carefully, as it has a great affinity for water, and, uniting with the moisture of the parts, may produce a flame. A favourite recipe of Professor Dick's was the following:—Cupri diacetate,  $\mathfrak{z}\text{ii}$ .; acid. sulphuric.,  $\mathfrak{z}\text{ii}$ .; pix liquida,  $\mathfrak{z}\text{xvi}$ ., to be applied as often as is considered necessary. It is good practice to change the dressings occasionally. A well-marked case of canker is very difficult to treat successfully, and to cure requires, under favourable circumstances, a period varying from six weeks to two months. After the diseased condition is subdued by proper local treatment as directed above, and constitutional remedies, as the ad-

ministration of laxatives, alteratives, etc., a run at grass for a time will be found to have a beneficial effect.

### SAND-CRACK.

A sand-crack consists of a fissure, or solution of continuity in the horny material of the wall of the hoof. The fissure extends through the wall, and in a direction parallel to that of the fibres of the horn. These fissures may exist in any part of the wall, and according to their situation do they receive various names. Thus, a crack in the wall on its anterior aspect is known as a centre-crack, while one occurring on the quarter is called a quarter-crack. This latter form or variety is the most common, the inner quarter of a fore-foot being the most usual situation of sand-crack. The general name of sand-crack is applied to the condition because it is more common amongst horses kept upon a hot sandy soil, such a soil being supposed to exert some influence in the production of cracks in the horn. Sand-cracks are said to be complete when they extend from the coronary band down to the plantar border, and are designated as incomplete when they extend only a portion of the distance between the two points named. Occasionally sand-crack exists on the outside quarter of the wall. When in the hind-foot they are usually of the variety designated as centre-crack, or toe-crack.

*Causes.*—Certain breeds and strains of horses are predisposed to sand-cracks, those having thin and brittle feet being especially liable to cracks in the hoof. In many cases it is unquestionably due to an hereditary predisposition. Improper shoeing also tends to produce the condition, the exciting cause being hard and fast work. Sand-cracks are very common amongst running and trotting horses, owing to the nature of their work, and the fact that they are usually,

Shoeing with high-heeled and high-toed shoes has a tendency to produce sand-crack, and certain influences, as irregular exercise, high feeding, etc., by interfering with or impairing the normal secretion of the horn, may predispose to the condition. Hot and dry weather, standing on a very hard and dry floor, and dryness to an unnatural degree of the horn from any cause whatever, undoubtedly exert a certain amount of influence in the production of sand-crack. There is nothing better for a horse's feet than to be out on a wet day, the dampness keeping the horn pliable, moist, and tough, hence acting very efficaciously as a preventive of sand-crack.

*Symptoms.*—The crack usually appears very suddenly. The animal shows more or less lameness, and on an examination being made, a slight crack is discovered just between the hair and the hoof, and there may be a slight oozing of blood. The solution of continuity is of course the special characteristic of the condition. It may exist for a day or two without producing lameness, and in some cases the presence of the crack is the only symptom. Generally there is more or less lameness in connection with it, from the fact that when the foot is placed upon the ground the crack spreads, and on removing the foot from the ground the crack closes, and, pinching the sensitive structures, gives rise to pain and lameness. The crack usually commences above, and extends downwards. Sometimes the crack may be concealed by the hair around the coronet, and a frequent practice of dishonest persons before offering such a horse for sale is to conceal the existence of the crack by filling it with various substances, as gutta-percha, shoemakers' wax, tar, hoof ointment, etc.; and if properly done, the existence of the crack can scarcely be discovered, defying any but the closest scrutiny. Some-

in depth is practised, the mud effectually concealing the crack, and at the same time the presence of the mud is not likely to excite suspicion. The practitioner, when examining a horse as to soundness, cannot be too careful in looking for such conditions, and must be on his guard against such fraudulent practices. When a centre-crack exists in the hind-foot, and extends from the coronet to the toe, the pain and lameness is far greater than in a quarter-crack.

*Treatment.*—Remove the shoe, and by poultices, or long-continued baths of warm water, allay the irritation and soften the horn, after which trim the edges of the crack nicely so as to leave them smooth. Remove all semi-detached horn. The crack must now be bottomed, that is, at its superior termination a groove must be made transversely in such a manner that the crack cannot extend any further. The groove must pass completely through the horn to do any good. In place of the groove some practitioners simply bottom the fissure with the firing-iron, and in many cases it is successful in preventing further spread of the crack. Another good way is to fire pretty deeply in the shape of the letter V. In a few days the iron may be applied a second time, each time going a little deeper, until the sensitive structures are reached. The French recommend an operation by which a portion of the horn is stripped off with forceps, and the crack is thereby given a triangular-shaped termination and cannot extend any further. The irritation caused by stripping the horn off is allayed by fomentations, astringent lotions, etc. In most cases it is necessary to apply a bar or round shoe and give plenty of frog pressure. The wall is to be cut down so that the shoe cannot press upon the crack. Bandaging the foot with a cord, strap, or wire is also useful to keep it from spreading. A nice light brass plate or clench, to prevent motion in the



hoof, is a very useful thing, the whole secret of success being to prevent motion of the parts. This done, growth of the horn should be stimulated by the application of vesicants, etc., to the coronet, and the crack will soon disappear.

### CAULKS, OR TREADS.

Injuries of this description are very common, especially during the winter season, when shoes with high and sharp heels and toes are used. A tread, or caulk, is caused by the heel of the shoe, the animal inflicting the injury upon himself, or, in case two animals are being driven together, one may inflict the injury upon the other. These wounds may be very serious, or may be of a very trivial character. One of the latter kind, however, may, by neglect, develop until it becomes very serious, and produce great trouble, perhaps permanent injury, to the animal. Occasionally hæmorrhage of an alarming character results, horses sometimes bleeding for twenty-four hours, and becoming much weakened. Hæmorrhage in this region is best checked by a compress applied over a pledget of tow, and the whole secured in place by means of a bandage. Pressure around the fetlock will often check the flow of blood. The compress should be retained in place for twenty-four hours, or longer, as in exceptional cases hæmorrhage will recur after the compresses have been allowed to remain for eight or ten hours and then removed. A careful examination should always be made as to the condition of the parts. If the lateral cartilages are not injured, the case will usually be easy and very satisfactory to treat; if they have sustained any injury, it constitutes a more serious condition, and a cure will be in many cases difficult to bring about. All loose or hanging pieces of skin should be detached, any dirt, hair, or other foreign body that may

have been forced into the wound should be carefully removed, and the wound thoroughly cleansed with tepid water. As a rule, if the caulk is very bad, considerable irritation results, suppuration takes place at the head of the hoof, and the animal suffers great pain, often holding the foot elevated from the ground for quite a while, especially if it is one of the hind-feet, and he becomes reduced in condition very quickly. The pus has a tendency to burrow in various directions and form quittor.

*Treatment.*—Remove the shoe and cut or rasp down carefully to the bottom of the wound. After which, apply a poultice of lini farina, and use the ordinary white lotion, carbolic acid lotion, etc. A good application to the wound when it is recent is as follows: Pix liquida, tr. benzoin, ol. lini, equal parts. Where the cartilage is cut into by overreach, the parts should be brought together by a bandage; but (as frequently happens) in two or three days the part cut may be observed to protrude backward, and, as it is very evident in such a case that the parts will not adhere, the loose portion should be removed. In some cases an animal receives a caulk in front. The irritation ceases, or is allayed by the usual methods, for the time being; but as the horn gradually grows down, irritation is again set up, suppuration occurs, which is known by the animal becoming very lame, and on gently tapping the old wound with a hammer the animal at once evinces pain. It is good practice to remove the shoe and give the foot a thorough examination, and in some cases a small quantity of pus may be found imprisoned. In such a case use the knife and rasp freely, and allow the pus to escape, after which apply a poultice, or some mild astringent, etc. Before cutting down, the operator should be sure of the existence of pus in the parts. After the wall is thinned, if pus is present, pressure with the thumb will cause the animal to flinch.

### QUITTOR.

*Definition.*—A fistulous opening at the upper portion of the hoof, extending down between the sensitive and the insensitive laminae, and sometimes penetrating deeply and involving the bone. It is a serious condition, and especially so when occurring in an animal having a heavy, strong hoof.

*Causes.*—It occurs as a result of neglected caulks, pricks, etc., and is more especially liable to follow punctured wounds in the region of the frog. Suppurating corns may also produce quittor. Suppuration occurring in the foot, from any cause whatever, may result in quittor, for the reason that the pus, being unable to escape, extends in various directions, destroying the tissues in its course, increases in quantity, until, finally reaching the head of the hoof, and being no longer confined by the horny wall, it bursts forth, making an outlet for itself at the coronet, when it becomes known as a quittor.

*Symptoms.*—Usually the first symptom to attract attention is lameness, which is generally well marked. On examining the parts, a hard swelling is discovered at the head of the hoof; this swelling in a day or two becomes soft, and finally a discharge of pus takes place; but a sinus remains, and the wound shows no disposition to heal. Sometimes the irritation extends and involves the whole coronary substance, and perhaps a half-dozen or more openings may be present at one time: such a case is very serious.

*Treatment.*—Quittor once well established is very difficult to treat successfully, and in all cases the treatment is tedious, and occupies a long time. Nothing short of the most energetic treatment will prove successful. The original cause of the trouble should be ascertained, if possible. If taken in time, remove the shoes, and cut down the wall immediately

below the abscess; thin down the sole even to the quick, and allow the pus to escape; use a probe, and ascertain, if possible, what structures are diseased. In cases where the pus has forced its way out at the coronet, the shoe may be removed and the sole cut down, when in many cases it will be found that the pus has burrowed right through until checked by the horny sole—in such a case a dependent opening should also be made. It is often found necessary to cut down the wall below the seat of the injury. In some cases the sinus may be pared out, a proceeding that will cause considerable hæmorrhage, or it may be necessary to strip off a portion of the wall. Any of these operations may cause considerable irritation, which may be allayed by fomentations and poultices. Hydrarg. per-chlor. in solution may be used to inject the sinus, or grs. ii.—iii. may be wrapped up in tissue paper, made into the form of a cone, and pushed down into the sinus; in two or three days a slough separates and comes away. If the wound now looks red and healthy, treat with mild astringent and anodyne lotions; if it still looks pale and unhealthy, repeat the operation until the wound takes on a healthy appearance. This is known as 'coring out.' If the lateral cartilages are affected, it constitutes a more serious case, and the foot will probably become deformed, and remain so. As a rule quittor can be guarded against, but occasionally a caulk will degenerate into a quittor in spite of all the treatment that can be brought to bear. Sometimes it may be necessary to cast the animal before a proper examination of the parts can be made. After the discharge ceases and the wound heals, there may be some slight tenderness of the parts remaining, in which case a vesicant will be of use. If the lateral cartilages are diseased pretty extensively, it may be necessary to remove them. Quittor is an unsoundness in all its stages.

### BRUISE OF THE SENSITIVE SOLE.

Bruises of the sensitive sole may occur in many ways, as by stepping on a stone or other hard substance, while travelling rapidly, or may be caused by a shoe upon a naturally thin sole, or a sole that has been cut down too much. It may also be caused by pressure upon it by the os pedis in the condition known as pumiced foot, etc.

*Symptoms.*—There is usually considerable lameness manifested by the animal. On examination, an undue amount of heat is found to be present, and on tapping or pinching the parts the animal flinches. There may also be more or less extravasation of blood. The shoe should be removed, as a better examination can then be made. In some cases it might almost be mistaken for a case of navicular disease. Sometimes the animal evinces only a little tenderness during progression, no well-marked lameness being present.

*Treatment.*—Remove the shoes, and apply a poultice, after thinning the horny sole to a certain extent; the poultice may consist of linseed-meal, bran, turnips, etc., or a mixture of any two or all of them. Fomentations and cold applications will be of considerable use in allaying the irritation. Keep the feet moist for a day or two, and give the animal rest, and, as a rule, he quickly recovers.

### SEEDY-TOE.

The term 'seedy-toe' has been applied to a peculiar condition of the horn of the toe, which, in consequence of having undergone some degenerative process, is rendered soft and crumbling. In many cases the horn can be readily broken down with the thumb and fingers. A small or a large portion of the horn may be affected. This condition may gradually spread, and exist for a long time

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before lameness becomes manifested, but where the process is allowed to go on without interruption, the occurrence of lameness is only a question of time, being certain to appear sooner or later.

*Causes.*—Seedy-toe may in some cases be due to an hereditary predisposition on the part of the animal, the feet of certain animals being, generally speaking, more liable to disease than the feet of others; but probably it is most frequently caused by the large toe-clips that are so commonly used, which, by pressing down upon the fibres of the horn, interfere with their nutrition, and seedy-toe is the result. Any irritation causing impaired secretion or interfering with the nutrition of the horn may have the same effect. Seedy-toe, while in many cases not accompanied by lameness, is nevertheless an unsoundness, and consequently should receive attention when an examination is being made as to soundness.

*Treatment.*—Remove the shoe, and cut down the toe, removing all the diseased horn; the sole and wall may also be cut down to a certain extent. Poultices should be applied, the hoof kept moist, and counter-irritants applied to the coronet; afterward applications of cold water to the coronet will be found useful to stimulate the growth of new horn. If the sensitive structures are exposed and much irritation exists, it may be allayed by means of poultices, fomentations, etc., and the opening should be closed by applying a pledget of tow saturated with some simple substance, tar being as good as anything. It cannot be considered as a very serious condition, generally speaking, but is tedious, as considerable time is required for new horn to grow. The style of shoeing should be changed to prevent a recurrence of the condition.

**False Quarter.**—‘False quarter’ is the term used to designate a false growth, or an abnormal secretion of the

horn of the wall. It is usually due to an injury in the region of the coronary substance, which is in consequence stimulated to increased action, and produces an abnormal growth of horn, which is harder than the normal growth, flat in appearance, and at first sight the condition looks much like sand-crack, but an examination suffices to reveal its true character. As a rule it is not looked upon as an unsoundness.

*Treatment.*—False quarter will remain through life, and treatment is rarely adopted.

### NAVICULAR DISEASE.

This disease is also known by the names of coffin-joint lameness, contraction, etc., the latter name being the one commonly applied to the disease fifty or seventy-five years ago, as it was then supposed that the contraction was the cause of the accompanying lameness; now it is known that contraction is not a disease of itself, but occurs as a symptom or result of disease, as navicular disease for instance. Laminitis in its subacute and chronic forms also has a tendency to cause contraction of the hoof, and it also occurs as a natural result of improper shoeing. Atrophy is a better term to apply to the condition, as the hoof contracts in consequence of atrophy of the structures contained within it.

Navicular disease may be defined to be an inflammation set up in the navicular bone, bursa, or the flexor pedis perforans tendon. Considerable discussion has been caused, and much difference of opinion is held in regard to which of the above structures is the first to become affected by the inflammatory process. The generally received opinion now is, that while the disease may originate in any of the structures previously mentioned, it originates, at least in a large majority of cases, in the bone or cartilage, but occa-

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sionally begins in the bursa or tendon, probably as a result of direct injury to the parts. The disease is a very common one, especially amongst certain classes of horses; however, it is probable that other and very different conditions are frequently mistaken for navicular disease, hence it is not quite so common as some may suppose it to be. It is not at all uncommon to hear of cases of navicular disease in which quick and permanent cures were made: it may be well to state that when navicular disease once becomes well established, a permanent cure can never be effected, and in cases where the so-called quick cures took place, the chances are that such were not cases of navicular disease.

*Pathology.*—The cause having operated, inflammation becomes established in connection with the cancellated structure of the navicular bone. The inflammatory process gradually extends to and involves the articular cartilage, which undergoes destruction by ulcerative absorption; the tendon becomes involved more or less, inflammation occurring in connection with it, and generally adhesions take place. The disease is always confined to the inferior surface of the navicular bone, and in connection with the tendon, there being no record of a case ever having been discovered in which the superior surface of the navicular bone had been ulcerated; the bursa also undergoes destruction, and lameness becomes established. The progress of the disease, as described above, is sometimes very rapid, in other cases its progress is slow, and may extend over a period of several months, or even years.

*Causes.*—The great exciting cause of navicular disease is hard and fast work, particularly on hard roads. An hereditary tendency may also be mentioned as a predisposing cause, apart from vices of conformation. Individual animals, as well as certain breeds of horses, are more or less subject



to navicular disease, on account of faulty conformation, the disease being most frequently met with in those horses having short upright pasterns and a pounding action. The horses least predisposed to the disease are those with oblique pasterns, the weight in such animals being removed from the coffin-joint. But even in such a case the natural protection afforded by a faultless conformation can be—and frequently is—set at naught by shoeing with high-heeled shoes, by means of which the articulation is straightened up, weight is thrown upon the coffin-joint, and the navicular bone now becomes exposed to injury by concussion. The disease is often caused by allowing a horse to remain idle for a few days, feeding him highly in the meantime, then taking him out and giving him a severe drive or ride on a hard road, and more especially if the animal is predisposed on account of faulty conformation, or is improperly shod, etc. It is of most frequent occurrence amongst horses used upon hard roads, as saddle and carriage horses, and sometimes trotting horses and racehorses on the American continent, as they usually race on hard tracks. It is rarely seen in racehorses in Great Britain, as they are properly shod, and, although doing fast work, it is on the grass or turf, and soft ground. Direct injury to the perforans tendon, as by a punctured wound, may also be mentioned as a cause of navicular disease, as it is also said to be due in some cases to a rheumatoid diathesis. Navicular disease occurring in a hind-foot is very rare, the disease being principally met with in the fore-feet, usually one foot only being affected, sometimes, however, both fore-feet become affected; in some cases simultaneously, but most frequently one at a time. Navicular disease in all its various stages constitutes unsoundness, and as it may in some cases exist for months before any actual lameness appears, the practitioner cannot be too careful in his examinations as

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to soundness; hence any undue heat or tenderness, contraction of the hoof, pointing of the foot, etc., should be regarded with great suspicion, and its nature demonstrated if possible by a thorough examination.

*Symptoms.*—Navicular disease is very difficult to detect in its incipient stage. As a rule, the animal nurses the foot more or less, relieving it of weight, and pointing it an inch or so in front of its fellow. In some instances the limb may be extended, and the foot held quite a distance in front of the other foot; but these symptoms are not always noticed, and when they are noticed, by no means constitute absolute proof of the existence of disease, as an animal perfectly sound will sometimes get into the habit of pointing, but in such a case generally rests one fore-foot and the hind-foot of the opposite side at the same time; he also changes after awhile to the other feet, and rests those stood upon but a short time before, while if an animal affected from disease, he invariably points with the limb affected. As a rule, lameness is the first symptom to attract attention: it may come on suddenly and be severe, or may be gradually developed and be slight. On being first brought out of the stable a slight lameness is observed, which disappears with exercise, the impediment of gait, in many cases, ceasing to be perceptible after the animal has been caused to travel a distance of only a few yards—an indication pointing to the existence of joint disease. The same symptoms are presented the next time the animal is taken out, causing the owner to devote more attention to the condition than was accorded on its first appearance. If both fore-feet are affected, the animal, on being allowed to rest, may be observed to point first one and then the other foot, and when coming out of the stable goes in a groggy manner, being very tender, stiff, and short in his action, but on going a few hundred yards and becoming warmed up, these

symptoms decrease, or entirely disappear. Another well-marked symptom, especially when one foot only is affected, is atrophy of the inside quarter of the hoof, and contraction of the heels. The quarter has a peculiar straight appearance. This is after awhile succeeded by a general decrease in the size of the foot, in consequence of the soft tissues contained within the hoof having become atrophied, the atrophy being more or less due to functional inactivity, the foot not being used as much as it should be, the animal resting it whenever opportunity offers. The horny frog usually presents a small and shrivelled appearance, in some cases dwindling in size until scarcely any frog remains. The fatty frog is also affected in such cases, and there is frequently observable a well-marked concavity of the sole; the animal shows a disposition to go upon the toe, and has a strong tendency to stumble. In some cases, while driving or riding an animal in which no positive symptoms have as yet been observed, he suddenly stumbles, and almost or quite falls, even when on a perfectly level piece of road where nothing can be discovered to account for his stumbling. In a day or two afterwards a slightly abnormal degree of heat may be discovered to exist in the foot, but he is bathed, etc., and it disappears, only to reappear in a short time, when it may be slightly more troublesome to get rid of. Thus it goes on for two or three months, or longer, before any well-marked symptoms of the disease appear. Such symptoms are premonitory of navicular disease. The symptoms of navicular disease are also said to be negative and positive. The negative evidence of navicular disease is absence of disease in any other part of the limb, and the practitioner may be often struck with the fine clean appearance of the affected limb, there being no wind-galls or anything of that sort to mar its symmetry, the general appearance of the limb being much finer than

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that of its fellow. Soon general atrophy of the limb takes place, the muscles of the shoulder and arm waste away, and what some people call 'sweeney' is now present, but there is not the well-marked atrophy of shoulder-slip. There is more or less atrophy of the pectoral muscles, and a falling in of the chest. On a careful examination being made, the toe of the shoe on the affected foot will be found worn in a much greater degree than its fellow of the sound limb, on account of the animal going upon the toe of the foot affected. In most cases an abnormal degree of heat can be detected in the region of the coronet. A hammer may be employed to tap gently on each side of the frog in the region of the bars, when usually the animal will evince pain by flinching, and endeavour to get the foot away. Pressure upon the perforans tendon while flexion and extension of the parts are performed will cause the animal to show uneasiness, and in many cases manifest considerable pain. Immediately after this he should be caused to trot, when the lameness may be observed to be greater than before. When standing, if both feet are affected, the animal keeps continually shifting his weight from one side to the other, and often so great is the pain that, on being left to himself, he immediately lies down, and will scarcely stand up long enough to take his food. In such a case he gradually falls off in flesh, and plainly shows that he is suffering pain of a most agonizing character. Occasionally a case may be met with in which there is no atrophy of the foot perceptible, and the animal yet be a confirmed cripple from the disease. A peculiar trembling motion of the limb is often seen, being best observed when the animal is standing at rest; and in a confirmed case, when he is made to move, he does so with a sort of uncertain action, a trembling and a general appearance of weakness of the limbs, which, together with

the pointing of the foot and general action of the animal, are symptoms highly suggestive to the practised eye.

*Treatment.*—Navicular disease when well marked is incurable, hence treatment is adopted only with the view of palliating the disease, or alleviating the suffering of the animal. The shoes should be removed, the toe shortened, and the lower border of the wall rasped down. In some cases the sole may be thinned, and in all cases the foot should be brought into as good shape as possible. Occasionally bleeding from the artery of the toe will be found to be of considerable benefit. Fomentations are very useful, and the foot should be kept in a warm-water bath for hours at a time, and on removing it from the bath a poultice should be immediately applied, and allowed to remain until it is desired that another bath be given; by these means growth of horn will be promoted, and excessive pain and irritation allayed, after which counter-irritation judiciously applied to the head of the hoof will be highly beneficial. One good strong vesicant will be found more efficacious than several mild ones. Sometimes very great benefit accrues from the introduction of a frog seton, and it is even claimed that a mild case may be cured by it. When properly inserted it is unquestionably of much benefit in nearly all cases. To introduce it, the frog should be cut down nearly to the quick, after which the foot should be poulticed, or kept in a warm-water bath for several days; by these means irritation will be allayed, and the foot rendered soft, so that little resistance will be offered by the tissues to the passage of the seton-needle. Where it is practicable it is better to pass the needle from above downward. This can always be done when the operator is right-handed, and is operating on the right foot of the animal. The needle should be inserted at the hollow of the heel, and brought out about one inch posterior to

the point of the horny frog. In case it is the left foot that is to be operated upon, the surgeon, if right-handed, usually inserts the needle about an inch posterior to the point of the frog, and brings it out at the hollow of the heel, the object being to have the needle pass as closely as possible to the diseased structures without wounding them. In case they are wounded the most serious results may be apprehended. The tape should be dressed occasionally with some good digestive ointment, and a knot may be tied in each end of it to prevent drawing out. It should be allowed to remain in for two or three weeks, and a poultice applied to the foot every second or third day; and the frequent use of warm-water baths should be persisted in, as besides allaying irritation and rendering the horn soft and pliable, the discharge is also favoured and increased in quantity. After the seton has been allowed to remain in a proper length of time it should be removed, and the animal given a run at pasture if the ground is soft; and it should be borne in mind that a damp pasture is better than a dry one. If lameness is now found to have ceased, the animal may be shod. The shoe should have a moderately high heel, so as to prevent any undue strain being thrown upon the perforans tendon. A round shoe may be used, as frog-pressure can thereby be obtained, which is a matter of the greatest importance. However, no particular mode of shoeing can be laid down as a rule to go by, but the practitioner should try various methods, as his judgment may suggest, and the method that is found to answer best should be practised. Different animals require different methods of shoeing. If a horse is going to be used on a farm, the ordinary flat shoe will answer very well. When an animal is very lame, or has been lame for a long time, and relief cannot be afforded in any other way, it becomes advisable to perform the operation of neurotomy. By means of this

operation many poor sufferers, and otherwise useless animals, may be relieved of pain and made useful. The operation of neurotomy was first performed by Moorcroft and Sewell, of London, about the year 1820. As a rule it should be performed only when the animal is incurably lame. When the operation first came into notice as a remedy for obstinate foot lameness, large numbers of horses were operated upon, and as many of them were not fit subjects for the operation, it turned out to be a lamentable failure. The owners of lame animals, heedless of advice, would have it done, and the operation soon fell into disrepute. However, the successful performance of neurotomy, and the selection of proper subjects, will do the practitioner great credit. By what is known as the 'low operation,' all sensation is not destroyed, hence the 'high operation' is to be preferred, and, as a rule, is the one that is performed. By the 'high operation' is meant division of the nervous filament above the fetlock. Before operating, the foot and limb should be prepared by poultices and warm-water baths, cold applications, etc., to allay irritation; a dose of laxative medicine, followed by diuretics, may also be given. Immediately before operating, the animal should be made to stand in cold water, or have a stream of cold water directed upon the limb from the knee downward; this will be useful to prevent an undue amount of hæmorrhage, which might otherwise take place, and by obscuring the nerve, etc., render the operation difficult. Everything being ready, the animal should be cast and secured, the foot to be operated upon should be freed from the hobbles, and held firmly extended by an assistant to prevent opening the sesamoid bursa. A longitudinal incision should now be made, and if possible the nerve should be exposed by one stroke of the scalpel, such a procedure being much preferable to dissecting the areolar tissue over the course of the nerve. In some cases a small opening may be



made with the rowelling scissors, the knife inserted and the tissues divided from within outward. This is the least painful way. As a rule it is best to make a good-sized incision, especially if the practitioner be not very expert in the performance of the operation. The nerve is white and glistening in appearance, and on being pressed will give rise to a vigorous manifestation of pain on the part of the animal. By this it is known to be the nerve, and not the artery or vein. Having decided that it is the nerve, it should be raised by means of the tenaculum, and about one inch of its length excised. The first cut will give rise to severe pain, and cause the animal to struggle violently; the second cut, which should be made lower down, will be painless. After excising a portion of the nerve, the wound should be closed by means of sutures or bandages, and afterwards treated as a common wound until healed. The patient should receive careful usage for some time afterward, and great care should be exercised in shoeing such a horse to prevent pricking. The feet should also be subjected to a careful examination every night when the animal comes in, to see that they have received no injury, as the animal cannot feel any pain in the neurotomed structures, and consequently the most violent injury may occur to the foot and the animal show no sign whatever. The unfavourable results of neurotomy are suppuration, perhaps from a corn, which in a foot not devoid of sensation would have caused lameness, and been searched for, treated, and cured before reaching the suppurative stage. In some cases extensive suppuration occurs, and must be treated at once to prevent sloughing of the hoof. In other cases gelatinous degeneration of the foot follows, and may do so even when neurotomy has been performed under the most favourable circumstances, and in the most suitable case possible to select for the operation; the foot breaking, or twisting off.



But it should be borne in mind that this condition may occur even when neurotomy has never been performed, and may result from eating ergotized grasses; hence the mere fact of its occurring after the operation of neurotomy has been performed should not be received as proof absolute that it occurred in consequence of neurotomy, but it is probably the best plan for the practitioner, when he has concluded to operate, to explain the nature and possible results of the operation to the owner, or the latter may sue for the value of the horse in case there are any bad results. The operation is one that it is not advisable to practise to any very great extent, as it will generally cause the practitioner to become involved in trouble, unless he is very careful in the selection of his cases. Sometimes the divided ends of the nerve will reunite, and the animal remain sound, and in other cases lameness immediately appears on reunion taking place.

## CHAPTER XIV.

### The Teeth.

#### INDICATIONS OF AGE

The teeth are the principal agents employed in the process of mastication, but apart from this they are of peculiar interest to the veterinarian and to horsemen generally, inasmuch as it is by means of the various changes taking place, the marks, wearing away, etc., that the age of the horse is ascertained or approximated. For sake of description a tooth is divided into crown, neck, and fang. All the teeth are formed of three substances, as follows: enamel, dentine, and crusta petrosa. There is a cavity in the fang of the tooth, running up a short distance into the neck; this cavity is known as the pulp cavity. It contains a soft material

consisting of fibres and bloodvessels, and is largely supplied with nerves. The cavity gradually disappears as age advances, as there is more or less decomposition of dentine continually taking place. Immediately surrounding the cavity is found the dentine, which consists of twenty-seven or twenty-eight per cent. of animal matter, and seventy-two per cent. of earthy matter. Hence it is seen to be harder than bone. In the tubes which open from the pulp cavity is contained some of the pulp. The tubes somewhat resemble the canaliculi of bone, and the dentine itself, from the fact that it contains processes from the tubes, has some little power of sensibility. Dentine is developed from the pulp in the pulp cavity. As age increases it takes on a yellowish tinge, and that last developed is the yellowest. Enamel contains about ninety-seven per cent. of earthy material, and three per cent. of animal matter, hence is exceedingly hard, being, in fact, the hardest substance in the animal body. The enamel covers the dentine, and is made up of a number of six-sided rods, or hexagons, which are placed in a perpendicular position, one extremity pointed outward, the other extremity being placed upon the dentine; these rods are not exactly straight, but have a somewhat wavy course, as have the tubes. Lacunæ and canaliculi are found in enamel, the same as in bone, but Haversian canals are absent. The crusta petrosa is found on the outside, in connection with the fang of the tooth; it is softer than either enamel or dentine, is considered to be the true bone of the teeth, and possesses lacunæ and canaliculi. The teeth are of three classes, consisting of molars or grinders, incisors or cutting teeth, and tusks or canine teeth. The teeth are wider in the upper jaw than in the lower jaw; they form two oblong or parabolic arches, and are separated by a well-marked interdental space. The horse, like other animals, is provided with two sets of teeth, temporary and perma-

nent. The temporary teeth are those peculiar to the young animal; they are twenty-four in number, twelve molars and twelve incisors. The permanent teeth are forty in number, consisting of twenty-four molars, twelve incisors, and four canine teeth; the latter being rarely developed in the mare. On the table surfaces of the incisor teeth exist cavities known as infundibulæ, and these cavities form the principal means of arriving at a knowledge of the animal's age. Around each infundibulum there is a well-marked ring or circle of enamel. As the animal advances in age, the teeth wear down and become somewhat straighter. The temporary teeth are readily recognisable by their small size, their well-marked neck, and extreme whiteness; the permanent teeth are distinguished by being darker in colour, the absence of any well-marked neck, and their greater size. On the anterior aspect of each of the permanent incisors of the lower jaw there is a well-marked groove to be seen; the incisors of the upper jaw each possess two of these grooves. The mouth of a two-year-old horse is very similar to that of a five-year-old, the only difference being in the size and colour, presence or absence of grooves, etc., the absence of the canine teeth in the two-year-old mouth and their presence in the mouth of the five-year-old male animal. In the centre of a very old tooth may be seen a little mark just posterior to the infundibulum; this is known as the dental star. The cutting of the teeth varies to a slight extent; the foal has generally at birth twelve molars, and frequently four incisors. If the central incisors are not present at birth they appear in a couple of weeks. If the foal is carried over time they are present at birth; but if born before time they are absent. At an age varying from six to nine weeks the lateral incisors appear, at the age of nine months the corner incisors appear, and at the age of one year all of the incisors are in wear. As in the permanent tooth, so in the centre of

each temporary tooth is an infundibulum, which is filled with tartar or food. One-third of the cavity wears away each year. A certain influence, however, is exerted over the wearing of the teeth by the nature of the food, and according as the food is of a hard or a soft character do the cavities decrease rapidly or slowly. The young tooth is broadest from side to side, the tooth of old age being broadest from before backward, and gradually grows narrower from side to side. For racing, show purposes, etc., foals take their age from January 1st. At birth there are twelve temporary molars and four temporary incisors; if they are not up at birth, they usually appear by the fourteenth day. The lateral incisors appear from the sixth to the ninth week of the colt's age, and at an age varying from eight months to a year the corner incisors make their appearance. The first permanent molar, the fourth in the jaw, makes its appearance when the colt is about one year old; hence the colt at one year old has twelve temporary incisors, twelve temporary molars, and four permanent molars. Between the ages of one and two years the incisors remain the same in their arrangement, but wear down to a considerable extent; when the colt is about eighteen months old the second permanent molar, the fifth in the jaw, makes its appearance, and is up and in wear when the colt is two years of age.

When the colt is about two years and six months old the gums around the incisors begin to get full and round. In about three months afterwards the central temporary incisors fall out, and are replaced by permanent incisors, which are up and in wear when the colt is three years of age. At the age of two years and six months appear two more permanent molars, the first and second in the jaw. Hence at this time the colt has eight temporary incisors, four permanent incisors, and twenty molars, sixteen of which are

permanent and four temporary. About the age of three years and six months the lateral incisors appear, and are up and in wear when the colt reaches the age of four years. At about this time the fifth permanent molar, being the third in the jaw, makes its appearance, and is quickly followed by the sixth permanent molar, which is also the sixth in the jaw ; and at the age of four years the colt has all of his permanent molars, numbering twenty-four, up and in wear, and no temporary molars. Between four and five years of age is when the permanent corner incisors appear, and at five years of age they are up and in wear. At this period also the canine teeth appear in the male, and the mouth is complete, no further changes taking place. Hence at five years of age the horse is pronounced to have a full mouth. Occasionally a horse will be met with having a full mouth at the age of four years, but such cases are extremely rare. Sometimes the posterior borders of the corner incisors do not come up as they should. Such a condition constitutes what is known as a shell mouth. Such a mouth may very easily cause an eight-year-old horse to be mistaken for a six-year-old. The tusks, or canine teeth, make their appearance only as permanent teeth. In some cases they do not appear in the upper jaw until the animal is between five and six years old. When the incisor teeth of the upper jaw overlap, or project further forward than those of the lower jaw in such a manner that they do not meet, it constitutes a condition known as parrot mouth, so called from the resemblance to the beak of a parrot. At the age of six years the infundibulæ are worn entirely out of the central incisors, two-thirds worn out of the lateral and one-third worn out of the corner incisors. At seven years old the table surfaces of the central and lateral incisors are found to be perfectly smooth, while the infundibulæ of the corner incisors may

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be observed to have dwindled to one-third of their original size. When the horse reaches the age of eight years the table surface of the lower row of incisors is found to be perfectly smooth, presenting no depressions whatever. About this time there may usually be observed a little hook-like projection on each of the upper corner incisors. The animal is shown by the presence of these projections to be at least seven years of age, and perhaps older. On an average the animal reaches an age of nine or ten years before the infundibulæ of the central incisors of the upper jaw become completely worn out. At the age of ten or eleven years the mark is found to be absent from the lateral incisors, and at twelve years of age the table surface of the upper row of incisor teeth is found to be worn smooth. At this age the incisors begin to project forward, broaden from before backward, and become narrower from side to side. In the mouth of every young horse we find a ring of enamel around each of the infundibulæ. The practitioner should in every case, when examining a horse's mouth to ascertain his age, be careful to note the presence or absence of this ring of enamel, as some dishonest dealers often with a knife scoop out a hole, so as to present the appearance of an infundibulum, the deception being rendered more perfect by the application of a hot iron to the artificial depression, by which means it is given a colour similar to that of the natural depression. But if the ring of enamel is not present we may rest assured that the depression is an artificial one, as a man, however expert or clever he may be, cannot possibly place or produce a ring of enamel around the false infundibulum. Its absence may be received in all cases as proof unquestionable that the animal is an old one. The same evidence is furnished by the presence of the dental star, which makes its appearance when the animal is about eleven years old. Other signs of age are the presence of tartar upon the

teeth, and more particularly in connection with the canine teeth, which also are much longer than in a young animal, or, if short, present on their free extremity each a flat surface, looking much as though the tooth had been sawn off. After the animal has reached the age of eight years it becomes somewhat difficult to ascertain his age correctly by means of the teeth, but by practice and close observation one may become pretty proficient. There are also general indications of the advance of old age apart from those afforded by the teeth, as deepening of the hollows over the eyes, the appearance of gray hairs on various parts of the body, and more particularly about the eyes and muzzle, pendulous lips, the withers become high and sharp, the animal becomes more or less sway-backed, the space between the thighs gradually increases in size as the animal advances in age, and there is a general appearance of feebleness and decay. A crib-biter may be known by the peculiar appearance of his teeth, which are worn off on their anterior aspect. Such a horse may often deceive the best judge by a year or two. Some difficulty may also be experienced in arriving at the exact age of a horse, from the fact that some colts are foaled late, and some are foaled early in the season.

**Cattle.**—The teeth of the ox are thirty-two in number, consisting of eight incisors and twenty-four molars. The incisors present a well-marked neck, and are shovel-shaped. They are loosely placed, and are situated in the lower jaw, there being none in the upper jaw, which, instead, is furnished with a cartilaginous pad, against which the incisors of the lower jaw play. The age of the ox is usually ascertained by an examination of the horns, but when it becomes important that the age of the animal should be definitely stated the teeth should be referred to. The incisors, if not up at birth, are usually up within one month after birth. The temporary molars appear about the same time. The various changes take place sooner in the mouth of a well-

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bred animal, or one well kept, than in a coarsely-bred or badly-nourished animal. Hence, according to the breed, quality and quantity of food, general treatment, etc., of the animal, are the temporary central incisors shed, and replaced by permanent incisors, at an age varying from one year and three months to two years and three months, usually about a year and a half. At the age of two years the internal lateral permanent incisors appear, the external lateral appearing at the age of three years, and the corner incisors appear at an age varying from three years and six months to four years. The first molar appears when the animal is about six or eight months old, their number generally becoming complete at the age of three years. The animal usually has a full mouth at an age varying from three to four years. The remarks made in regard to the teeth of the ox will also apply to those of sheep, with the exception that dentition in the sheep usually occupies a period slightly shorter than that occupied by the same process in the ox.

**Dog.**—There has not been a great deal of attention paid to the indications of age afforded by the teeth of the dog, as generally speaking the age of a dog is not a matter of much importance. All the incisor teeth are usually present at birth, or if not present appear in a day or two. The eyes of the pup are closed at birth, and remain so for a period varying from ten days to two weeks. At the age of five or six months the temporary teeth are shed and replaced by permanent teeth; and at the age of one year and a half dentition is usually complete. At one year of age the teeth are beautifully white and fresh in appearance, and there is a peculiar shape of the incisors, which has been likened to that of a trefoil or a fleur de lis. As the age of the animal progresses this appearance becomes less and less distinct, until finally, about the age of two years, it can be no longer distinguished, and the teeth, particularly the lower incisors, begin to show signs of wear, which gradually increase until the teeth become blunt and



worn all round, which is usually when the animal is four or five years of age. The mode of living, kind of food, etc., exert a considerable influence over the wearing away of the teeth, as it is evident that an animal fed on hard food, given bones to gnaw, addicted to fighting, etc., will have his teeth worn away much sooner than an animal fed on soft food, allowed few bones, and of peaceful habits.

The following table shows the various changes taking place in the mouth of the horse from the time of birth up to the age of five years:—

| Temporary Incisors. |   |   |   |   |   | Permanent Incisors. |   |   |   |   |   | Permanent Molars. |     |     |     |     |     |
|---------------------|---|---|---|---|---|---------------------|---|---|---|---|---|-------------------|-----|-----|-----|-----|-----|
| 3                   | 2 | 1 | 1 | 2 | 3 | 3                   | 2 | 1 | 1 | 2 | 3 | 1st               | 2nd | 3rd | 4th | 5th | 6th |
| birth               |   |   |   |   |   | 2½ to 3 yrs.        |   |   |   |   |   | 2½ years          |     |     |     |     |     |
| 9 weeks             |   |   |   |   |   | 3½ to 4 yrs.        |   |   |   |   |   | 3½ years          |     |     |     |     |     |
| 9 months            |   |   |   |   |   | 4½ to 5 yrs.        |   |   |   |   |   | 1 year            |     |     |     |     |     |
|                     |   |   |   |   |   |                     |   |   |   |   |   | 1½ years          |     |     |     |     |     |
|                     |   |   |   |   |   |                     |   |   |   |   |   | 4 years           |     |     |     |     |     |

Hence the horse has—

| Age.                     | INCISORS.  |            | CANINE. | MOLARS.    |            |
|--------------------------|------------|------------|---------|------------|------------|
|                          | Temporary. | Permanent. |         | Temporary. | Permanent. |
| At, or soon after, birth | 4          | 0          | 0       | 12         | 0          |
| 9 weeks.....             | 8          | 0          | 0       | 12         | 0          |
| 1 year .....             | 12         | 0          | 0       | 12         | 4          |
| 2 years .....            | 12         | 0          | 0       | 12         | 8          |
| 3 years .....            | 8          | 4          | 0       | 4          | 16         |
| 4 years .....            | 4          | 8          | 0       | 0          | 24         |
| 5 years .....            | 0          | 12         | 4       | 0          | 24-40      |

The table given below indicates the various changes which occur in the mouths of ruminants, and more particularly in the mouth of the ox.

#### RUMINANTS.

| Age.                     | INCISORS.  |            | Age.         | MOLARS.    |            |
|--------------------------|------------|------------|--------------|------------|------------|
|                          | Temporary. | Permanent. |              | Temporary. | Permanent. |
| At, or soon after, birth | 4          | 0          | .....        | 12         | 0          |
| 2 weeks.....             | 6          | 0          | 1 year ..... | 12         | 4          |
| 3 weeks.....             | 8          | 0          | 2 years..... | 8          | 12         |
| 2 years .....            | 6          | 2          | 3 years..... | 4          | 16         |
| 3 years .....            | 4          | 4          | 4 years..... | 0          | 24         |
| 4 years .....            | 2          | 6          | 5 years..... |            |            |
| 5 years .....            | 0          | 8          |              |            |            |

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## DENTITION FEVER.

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A table giving the number and variety of teeth as they occur in the domestic animals and in man may be serviceable as one of handy reference, and is herewith appended:—

|            | Incisors. | Molars. | Canine. | Bicuspid. | Total. |
|------------|-----------|---------|---------|-----------|--------|
| Man.....   | 4         | 8       | 0       | 4         | = 32   |
| Horse..... | 4         | 12      | 0       | 0         | = 40   |
| Ox.....    | 4         | 12      | 0       | 0         | = 32   |
| Dog.....   | 4         | 12      | 0       | 0         | = 42   |
| Pig.....   | 4         | 12      | 0       | 0         | = 44   |
| Cat.....   | 4         | 8       | 0       | 0         | = 30   |

The dental formula of the ox is the same as that of all ruminants.

## DENTITION FEVER.

When the permanent teeth are making their appearance, there is often a considerable amount of irritation caused thereby. In children a similar irritation is caused by the cutting of the deciduous teeth, but the appearance of the temporary teeth in animals is apparently never attended with any pain or inconvenience whatever, no irritation ever occurring except in connection with the cutting of the permanent teeth. This irritation may be noticed at any time when the animal is between the ages of one and five years, and has received the name of dentition fever.

*Symptoms.*—The animal may or may not eat pretty well; often cuds his food, and wastes more or less of it. The gums on being examined are found to be reddened by an excess of blood, swollen, and very tender. The irritation may extend to, and cause a slightly deranged condition of the stomach and bowels, giving rise to constipation, diarrhœa, etc. These symptoms, taken in connection with the fact that the animal is between one and five years of age, afford conclusive proof that the irritation is caused by the process of dentition. The same remarks will apply to cattle between the ages of two and four years.

*Treatment.*—The mouth should be thoroughly examined, and if it is found, which is frequently the case, that a temporary tooth is not being shed in a proper manner, and is interfering with the movements of the permanent tooth beneath it, whether incisor or molar, it should at once be removed. In many cases it can be removed with the thumb and forefinger. When its removal cannot be effected in this way, forceps should be used. It is rarely necessary to cast the animal, but in the case of a very irritable animal, or one that offers much resistance, it must be done. It will also in many cases be found necessary to use a balling-iron, or mouth-speculum, Grange's probably being the best instrument for the purpose. The late Mr. House, however, who was very expert and dexterous in the performance of all operations in connection with the teeth, rarely used a balling-iron. The after-treatment consists of the administration of a dose of laxative medicine if the bowels are constipated, and the food of the animal should be soft, of a laxative and nutritious character, and it should be allowed an abundance of pure cold water.

**Sharp and Projecting Teeth.**—As a horse advances in age the teeth usually wear down in an irregular manner, the molars of the lower jaw become sharp and projecting on their inner aspect, and during the process of mastication interfere to a greater or less extent with the tongue, even in some cases causing considerable laceration of that organ. The same condition is observed in connection with the molars of the upper jaw, with this difference, that the projections, instead of being on the inner side, are found on the outer aspect of these teeth, and cause soreness and more or less laceration of the cheeks, more particularly during the process of mastication. The condition is oftenest seen in connection with the first molar of the upper jaw and the sixth molar of the lower jaw, the latter setting up the most

irritation. The animal will refuse to eat rather than suffer the pain caused by masticating his food, the latter being cudded and wasted to a great extent, the animal, perhaps, partaking only of a quantity barely sufficient to sustain life, as a result of which he becomes greatly emaciated, until in many cases he might fittingly be described as a walking skeleton. A searching examination, however, reveals no sign of disease. The pulse, both as to its character, and number of beats, the temperature, etc., is found to be normal, but on passing the finger into the mouth the teeth are discovered to be sharp and projecting on their sides, and on examining closer the tongue and cheeks are seen to be sore and lacerated. The mouth speculum may be necessary in some cases when it is desired to make a thorough examination of all the molars. The animal does not drive as kindly as usual, being slow to answer the rein, and may while travelling carry his head on one side, and is hard to keep straight in the road, showing a tendency to gradually work over to the right or left.

*Treatment.*—The condition being discovered to exist, the remedy is at once made apparent. It is evident that the sharp projections must be removed before the animal can obtain relief. The best instrument for this purpose is the tooth-rasp. The teeth should be rasped until smooth, and the animal fed for a day or two on soft food; nothing more is necessary.

**Abnormally Long or Projecting Teeth.**—These are most frequently seen in consequence of congenital malformation of the jaws. It is a very common condition, and occurs most commonly in connection with the first molar tooth of the upper jaw and the last molar tooth of the lower jaw. It constitutes a more serious condition than the one previously described under the head of Sharp and Projecting Teeth, and more especially is this the case when the sixth molar of the lower

jaw is the one at fault. It gives rise to quidding of the food, imperfect mastication, loss of condition, etc. A projecting tooth is one that grows longer than its fellows on account of the opposing tooth immediately under or over it becoming carious or having been extracted, in consequence of which the tooth, meeting with no resistance, grows out longer than is natural, and causes much pain and irritation, which increase as the tooth increases in length, until it becomes no longer possible for the animal to masticate his food, great emaciation takes place, and, unless relieved, the animal eventually dies, or has to be destroyed.

*Treatment.*—The condition having been discovered, it becomes necessary to remove the projecting portion of the tooth, and reduce it to a level with its fellows. Gowing's tooth-chisel is a very good instrument for the purpose, but the best are Thompson's tooth-shears. If the above-mentioned instruments fail, the projecting portion of the tooth may be crushed off by means of the ordinary molar tooth forceps, after which the ragged edges left by the forceps should be removed by rasping the tooth until it is rendered smooth. The after-treatment consists of feeding the animal on soft food for a day or two, and in the course of ten days or a fortnight he will improve to such an extent as to be scarcely recognisable as the same animal seen a week or two before. In some cases there are present as symptoms a nasal discharge, which may or may not be fetid, and a dribbling of saliva from the mouth.

### CARIOUS TEETH.

Caries of the teeth is characterized by gradual decay or breaking down of the tooth-substance in small particles by the ulcerative process. It is not a very uncommon condition, especially in connection with the fourth molar,

this tooth being more frequently affected than any of the other teeth, although none of the teeth are exempt from an attack of caries, even the incisors occasionally becoming affected; however, such cases are very rare. Caries may commence in the neck, crown, or fang. It is by no means as common among the lower animals as it is in the human race, and among people is more common on the American continent than in Great Britain, the explanation of which is said to lie in the fact that the mode of living in Great Britain is so different to the mode of living in America, where the people are much addicted to eating sweets, etc., which exert a prejudicial effect on the teeth.

*Causes.*—Caries teeth may arise from a multitude of causes, but the most common cause is injury to the tooth caused by taking into the mouth with the food some hard substance, as a pebble, piece of iron, etc., which during the process of mastication comes into contact with the tooth, breaks the enamel, and caries quickly follows. A severe blow on the lower jaw might also produce caries, and often it occurs without any appreciable cause, and may exist for a considerable length of time before giving rise to any well-marked symptoms.

*Symptoms.*—It may be observed occasionally that the animal has a slight difficulty in masticating his food, and frequently while eating suddenly stops, and sometimes throws up his head as though feeling a sudden twinge of pain, and perhaps ejects a portion or the whole of the food contained within the mouth at the time. The animal may make a constant practice of what is termed 'quidding his food'; there is usually an increased flow of saliva; the mouth is carelessly examined, and nothing is discovered to be wrong. However, the most careful examination sometimes fails to reveal the seat of the trouble. As the disease advances the bone gradually becomes involved, and a slight enlarge-

ment is usually observable externally in consequence of the irritation extending to, and causing swelling of, the soft tissues immediately over the region of the diseased tooth. Pressure upon or tapping this enlargement will usually give rise to some manifestation of pain, and on passing the hand into the mouth and carefully examining each tooth by pressing and tapping upon it, when the affected tooth is reached, the animal will usually evince more or less pain; but in a short while other and plainer symptoms become apparent: the bone and soft tissues in the neighbourhood of the diseased tooth become affected, and give rise to a discharge which renders the breath of the animal horribly offensive, the odour of a carious tooth being much worse than that of any other carious bone. The discharge takes place into the mouth when the affected tooth is one of the lower jaw, there being no nasal discharge except when the tooth affected is situated in the upper jaw; in such a case there is always a nasal discharge more or less profuse in quantity, and possessed of a very offensive odour. When the fang of the tooth is the portion affected, the tooth sinks in its socket, and on examination its table surface is found to be much lower than the table surfaces of the other teeth, and it may be loose in its socket and easily moved about with the finger and thumb, but still a strong pull with the forceps will usually be required to remove it. A carious tooth will often give rise to nasal gleet, the animal loses flesh, becomes dull and dejected, and suffers greatly from toothache. The nasal discharge may be from one nostril only; the submaxillary glands may be affected to a certain extent; such symptoms might lead the practitioner into the mistake of supposing it a case of glanders, and many an animal with nothing more serious than a carious tooth has been destroyed under the impression that it was a case of glanders. Occasionally when the diseased tooth



is one of the molars of the upper jaw, it will work its way back into the frontal sinus.

*Treatment.*—The only method of affording relief to the animal is removal of the tooth. In some cases this is found to be a matter of considerable difficulty, especially if it is the fifth or sixth molar that is diseased, and the tooth is sunk in its socket, in which case it is difficult to grasp it securely with the jaws of the forceps. The key is sometimes used, but there are far better instruments for the purpose, notably Gowing's tooth-forceps; but they are so powerful that unless great care is exercised in using them the tooth may be crushed or broken off, and its subsequent extraction rendered difficult. Occasionally a tooth may be met with which the forceps are unable to grasp; such cases, however, are very rare. In all cases where a molar tooth is to be extracted it is advisable to cast the animal; and when it is desired to remove the third molar or any of those posterior to it, casting becomes absolutely necessary for the proper performance of the operation. Having cast and secured him, a balling-iron or mouth-speculum must be used to keep the mouth open, and allow the operator to see what he is doing. The affected tooth being found, the jaws of the forceps should be placed over it and tightened, the operator being careful not to crush the tooth, and also seeing that none of the soft tissues are grasped by the jaws of the forceps. The tooth should be extracted by a steady pull or turn of the forceps, all jerking being avoided as likely to break it. After the tooth is extracted, the balling-iron should at once be removed from the mouth and the animal allowed to rise, and have his head in its natural position, as in case there is any considerable hæmorrhage some of the blood might otherwise escape into the trachea and cause serious results. If after an examination it is thought that the tooth cannot



be extracted by means of the forceps alone, it becomes necessary to cast the animal, divide the soft tissues over the region of the tooth, trephine, and punch the tooth out, or at least dislocate it, using a good strong steel or iron punch for the purpose; a wooden mallet, to strike the punch with, will also be found preferable to one of metal. Having loosened the tooth in its socket, its further removal may be accomplished by means of the forceps; in case a tooth be broken in an endeavour to extract it, the animal should not be kept down too long in the hope of extracting the stump, but should be allowed to rise, and no further attempt made for a month or six weeks, when, as a rule, the remaining portion of the tooth will come away of its own accord. If the practitioner becomes satisfied that the remaining portion will not come away unless extracted, he should endeavour to effect its removal by the forceps in the same manner as before; the after-treatment consists of feeding soft food for a few days, in addition to which, the cavity remaining after extraction of the tooth should be frequently examined, as small portions of hay, etc., may become lodged within it, and set up irritation, in which case it may be necessary to fill it with guttapercha; but as a rule nothing of the sort will be required. One serious objection to the operation of trephining and punching out the tooth is, that the food is likely to get into the opening and cause considerable irritation, and possibly a fistulous opening.

#### PARROT MOUTH.

This condition has been spoken of before when treating of the indications of age, as furnished by the teeth. In parrot mouth the incisors of the upper jaw project further forward than those of the lower jaw, and instead of meeting them overlap, so that when the mouth is shut the upper incisors

pass down in front of those of the lower jaw, and these latter, when long enough, reach to and press upon the bars or roof of the mouth, in consequence of which considerable irritation may be caused. A horse with this deformity does very badly at pasture, being unable to gather a sufficient quantity of food to maintain himself in good condition, and nearly always loses flesh when placed on pasture. The deformity, however, does not appear to cause the animal much inconvenience when feeding from the manger, except when fed on unshelled Indian corn, in which case he experiences considerable difficulty in getting the grain off the cob. The treatment consists in keeping the teeth shortened by means of the rasp, both the upper and lower incisors, but particularly the latter, being shortened occasionally, to prevent contact with, and injury to, the soft tissues.

**Odontones, or Tooth Tumours.**—These enlargements occur in connection with the teeth, and are composed principally of crusta petrosa or dentine. They sometimes attain a very large size, and while rendering the process of mastication very difficult, at the same time give rise to a considerable amount of irritation.

*Treatment.*—All that is necessary is the removal of the enlargement, using the tooth shears or rasp for the purpose.

**Dentigerous Cysts or Tooth Substances.**—Tooth substances may be formed in almost any organ of the animal body, and have been found in the testicles, on the superior maxilla, and frequently within the sinuses, and have also been found in the muscles near the ear, etc. The substance may have the form and appearance of an incisor, or it may be large and bear a very close resemblance to a molar tooth. Its presence is rarely discovered during life, or if discovered, on account of its situation, treatment is rarely adopted.

**Wolf-teeth.**—Wolf-teeth are those small supernumerary teeth which make their appearance just anterior to the first molar, and are popularly supposed to cause serious disorders of the eye, and even blindness; but as a rule they do no harm; in rare cases, they may possibly cause a very slight irritation of the eye. If it is desired to remove them, a small pair of forceps should be used for the purpose.

## CHAPTER XV.

### INJURIES, ETC., IN THE REGION OF THE MOUTH.

The lips are sometimes lacerated; the treatment is the same as though the wound had occurred in any other part: as little tissue as possible should be removed, the parts brought together by means of sutures, and a mild astringent lotion used daily.

**Abscesses.**—Abscesses sometimes occur in connection with the lips, and more particularly in connection with the upper lip, as a result of a bruise of the part, or the presence of a foreign body, as a thorn or splinter in the lip; or it may be caused by coming into contact with poisonous weeds, etc. The symptoms are the same as those presented by an abscess in any other part of the body, as pointing, fluctuation, etc.

**Treatment.**—At the proper time the abscess should be opened, and its contents allowed to escape; after which it should be cleansed with tepid water, and dressed daily with an astringent or anodyne lotion.

**Frænum Linguae, Injury of.**—The frænum linguae may be injured by violent pulling against the bit, suddenly checking the animal whilst travelling rapidly, and more especially if done in a rough manner, and while using a very severe bit. A foreign body may cause a great deal of irritation, and

may obtain entrance in a very simple way; for instance, while a horse is eating barley straw, a bit of the straw may become lodged in the frænum linguæ, and in due course of time set up considerable irritation; in some cases, the frænum may be lacerated or torn completely through.

*Treatment.*—If necessary, the parts may be cleansed with tepid water, after which a solution of potassium chlorate should be used on the wound once or twice daily; carbolic acid lotion and the ordinary white lotion are both good applications, and may be applied freely, without any danger of bad results, if the lotions are of the ordinary strength. The animal should for a time be fed on soft food.

### EPITHELIOMA.

Epithelioma is a growth of a fibrous character, and usually of a malignant nature, but occasionally occurs in a benign form; in the earliest stages of its growth, it is a matter of great difficulty to state definitely whether it is of a malignant or a non-malignant character. The disease is one rarely met with in the lower animals, for the reason probably that they are not addicted to the use of tobacco and other habits of mankind. Extirpation of the growth should be attempted by the use of caustics, one of the best applications being carbolic acid, which has frequently been used with success, after all else had failed. In some cases it becomes necessary to remove the growth with the knife; the after treatment consists of the use of caustics, strong or weak, as the case may require, and treat otherwise as a common wound: in cases where the disease has been allowed to run its course unchecked for a considerable length of time, and in which the alveolar processes have become involved, the teeth loosened, etc., any treatment that may be adopted is likely to end in failure; and it

would be the height of cruelty to keep the animal in its misery, hence it should be destroyed.

### LAMPAS.

Lampas consists of a congested state of the gums behind the incisors, the irritation extending in some cases back to the palate: it is of most frequent occurrence in animals between the ages of three and five years. In a genuine case of lampas, the gums, and often the palate, become inflamed and swollen, an infiltration of serum takes place into the sub-mucous tissue, and the gums extend downward until on a level with the table surfaces of the teeth, and in many cases descend below the level of the table surface of the upper row of incisors, and interfere to a considerable extent with the taking of food into the mouth—particularly food of a hard character, as corn on the cob; the process of mastication is also more or less interfered with. On examination of the mouth, the gums and palate are seen to be unnaturally reddened and swollen, the animal evinces pain when the parts are pressed upon, and shows a decided objection to having the parts examined; in many cases horses are met with having naturally very prominent gums, etc., but such do not constitute the condition known as lampas, as, on examination, it will be seen that there are no signs of inflammation or pain,—the gums present no unnaturally reddened appearance, and the condition evidently is a natural one.

*Treatment.*—The parts swollen may be slightly scarified, using an ordinary lancet for the purpose. To obviate danger of wounding the palatine artery, all of the incisions should be made anterior to the third bar. The incisions may be many or few, according to the judgment of the surgeon; but in all cases they should be very slight. A very common practice

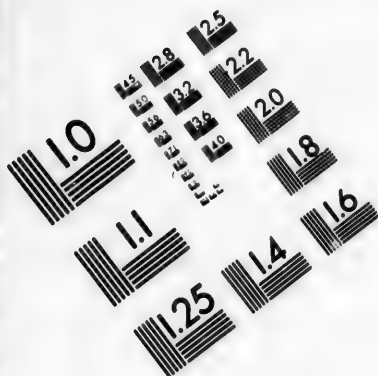
is burning the parts with a hot iron: it is a very barbarous mode of treatment, and one that should not be countenanced. Astringent and cooling lotions are very useful, both before and after scarification; the ordinary white lotion may be applied occasionally, or a solution of alum in the proportion of alum  $\text{ʒii.}$ — $\text{ʒss.}$  to aquæ  $\text{O.i.}$  to be applied as frequently as desired. The animal should be given a few tonic powders, and in some cases a diuretic may be of use. The food should be of a soft and nutritious character—avoiding everything harsh, as Indian corn; and he should not be driven for a few days, as the presence of the bit in the mouth will keep up irritation.

#### WOUND OF THE PALATINE ARTERY.

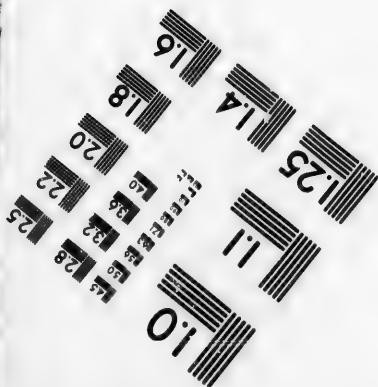
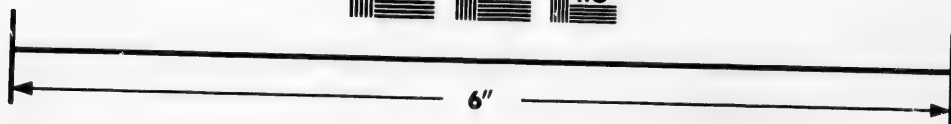
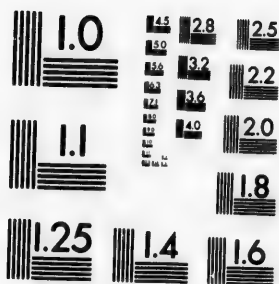
Wound of the palatine artery may occur in various ways; but the most common cause of this wound is the jack-knife in the hands of ignorant men, who make a practice of bleeding in the mouth for the cure of every ill to which horse-flesh is heir. The hæmorrhage is very profuse and alarming in some cases: in all probability, in the case of a strong animal, it would not continue for a length of time sufficient to cause death; but a horse in a debilitated condition would be very likely to bleed to death if the wound of the artery was a large one.

*Treatment.*—Sometimes, on account of the intractability or restlessness of the animal, it becomes a matter of considerable difficulty, or even an impossibility, to get at the wound or check the hæmorrhage without casting the animal; in some cases, having the mouth held open by means of some simple arrangement (generally a speculum can be used), and the head steadied by an assistant, the surgeon may try the effect of a suture or two. In rare cases,





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the hot iron may be used ; but the nicest and most successful way of checking the hæmorrhage is by acupressure.

### INJURIES TO THE TONGUE.

The tongue may suffer injury in a great many ways, as by sharp and projecting teeth ; by the action of a very severe bit ; the careless application of a noose over the premaxilla ; pulling back suddenly, and perhaps lacerating the tongue with the teeth. The practice of certain people who pull the tongue violently, or grasp it roughly, bringing it as far out of the mouth as possible when administering a dose of medicine, is a very prolific source of injury to the organ ; lolling the tongue during cold weather is another cause of injury, as is the administration of irritant medicines insufficiently diluted ; balling with a stick may sometimes cause a serious and often a pretty extensive wound in the tongue ; foreign bodies may also become lodged in the tongue, giving rise to an increased flow of saliva, constant motion of the organ, more or less difficulty in mastication, swallowing, etc.

*Treatment.* — The practitioner should make a thorough examination of the tongue with the hand, and having found the offending agent, remove it in the usual way, using the knife if necessary ; astringent lotions, etc., should be applied, and if there is a fetid odour carbolic acid lotion may be used. A nice application in such cases is as follows : *alum*  $\mathfrak{z}\text{i}$ ., *mellis*  $\mathfrak{z}\text{iv}$ ., *aquæ* *O.i.*, to be applied as often as may be deemed necessary. Sometimes a foreign body becomes lodged in the space beneath the tongue, and situated pretty well back. In such cases there will be an immoderate flow of saliva, which runs out of the mouth, constant motion of the tongue, quidding of the food, and generally the head is poked out. On an examination no signs of influenza or sore throat are discover-

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able; examine the parts carefully, and having found the piece of wood or other foreign body, it should be removed without delay.

### GLOSSITIS.

Glossitis, or inflammation of the tongue, is a condition not very frequently met with; it is usually caused by injury, as the action of a severe bit, mastication of irritant or poisonous substances, the incautious administration of irritant medicines, as æth. nitrici, aqua ammon., etc., when not properly diluted.

*Symptoms.*—There is an increased flow of saliva into the mouth, from which it is in turn again discharged; the appetite may be more or less impaired, according to the intensity of the inflammation; the process of mastication is rendered impossible in many cases, or where possible can be performed only with very great difficulty and pain. The power of deglutition is in all cases more or less impaired, and frequently is lost altogether; the mouth is usually kept in a partially opened state, the tongue may be seen to be much reddened, and is hot, and tender when touched. There is always more or less swelling. In some cases it is swollen to such an extent as to seriously interfere with respiration, and endanger the life of the animal. Glossitis may terminate in resolution, or induration, suppuration, etc. As a rule, the throat does not become involved to any serious extent; frequently the tongue, red and swollen, is allowed to hang out of the mouth. When resolution takes place, the tongue regains its normal appearance and condition. When induration occurs as a result of glossitis, the swelling subsides, and cracks appear extending transversely across the tongue, which on being felt is found to be hard and unyielding; when this condition occurs, generally speaking, the tongue can never be restored to its natural condition,

and the animal gradually loses flesh, and occasionally dies—death being in such cases really due to starvation.

*Treatment.*—Endeavour to find out the original cause of the trouble, and if the inflammation has been produced by the administration of ammonia or any other alkaline irritant, the treatment should consist of acid gargles, as vinegar, etc.; if the irritation is found to be due to the administration of an acid, alkaline solutions should be used, with the view of neutralizing any acid that may still be present, and antagonizing and removing the effects already produced. In cases due to causes other than the administration of acids or alkalies, alum, mellis, potass. chlorate, tr. opii, etc., will each be found of great service to cool the parts and allay irritation: if there is much swelling present, the tongue should be scarified and bathed with tepid water afterwards. If the swelling interfere with respiration, it may become necessary to perform the operation of tracheotomy. In case suppuration occurs, it should be treated in the ordinary way, and as though occurring in any other part of the body. If the case results in induration of the tongue, the various preparations of iodine are likely to be of great service; they may be administered internally and applied externally by rubbing into the sub-maxillary space, but, as a rule, the animal drags out a miserable existence, gradually loses flesh, becomes more and more emaciated, and finally, after lingering for a considerable length of time, dies in those cases in which induration is well marked. Where there is much fever, febrifuges are to be administered, refrigerants and diuretics will also be found to be of considerable service; and a moderate dose of cathartic medicine may be given with great benefit in most cases. If the animal shows any desire to eat, he should be allowed plenty of soft food or gruel, and an abundance of pure cold water to drink.

**Epulis.**—A tumour in connection with the gums. It occurs in the malignant and benign forms, between which it is a matter of considerable difficulty to distinguish. Its exciting cause is irritation of some kind.

*Treatment.*—Complete extirpation with the knife is the only cure, but if of the malignant variety it is likely to re-appear.

**Tongue, Paralysis of.**—Paralysis of the tongue may be due to some brain trouble, or may be caused by lolling the tongue, or allowing it to hang out of the mouth during cold weather, in consequence of which it may swell and become powerless—the animal being unable to retract it. This condition may also be caused by rough usage, as pulling it forcibly out of the mouth when administering a dose of medicine.

*Treatment.*—Replace the tongue within the mouth, and retain it there by the application of a nose-band sufficiently tight to keep the mouth shut for a few hours. Nerve stimulants may also be administered.

**Lolling**—Lolling cannot be considered as a disease; it is a habit, and a very ugly one. It consists of allowing the tongue to hang loosely out of the mouth, and it dangles about in every direction when the animal is travelling. It may be prevented, and the animal sometimes broken of the habit, by using a bit with a high centre, or what is better, the application of a nose-band, which should be tight enough to prevent the opening of the mouth, and consequent escape of the tongue.

### ACTINOMYKOSIS.

This disease is due to the attack of a parasite known by the name of 'actinomyces.' It frequently occurs in connection with the jaw-bones and tongue of the ox; its

occurrence has also been observed in the horse and other animals.

*Symptoms.*—Usually the first symptom to attract attention is the animal feeding badly; the irritation of the tongue frequently causes the patient, after a fruitless attempt at mastication, to eject the food from the mouth, and also gives rise to a profuse flow of saliva. A peculiarly disagreeable odour of the breath may often be detected. These symptoms having led to an examination of the mouth, the tongue will be found more or less enlarged, indurated, and tender to the touch. The swelling of the tongue may exist in circumscribed patches, or generally; and the presence of nodules, of a yellowish colour, and varying in size from slightly larger than a pea to very nearly the size of a pigeon's egg, may be detected. Ulcers, circumscribed in extent and of merely superficial depth, are also to be seen at a certain stage of the disease. As the disease progresses, prehension and mastication become more and more difficult, and finally impossible. All the other symptoms mentioned become better marked, and unless relief be speedily afforded the patient succumbs—dying literally of starvation. In a majority of cases the tongue alone is affected; but in other cases, and in cases where the disease is allowed to proceed, the bones of the jaws become affected and enlarge, the teeth become loosened and fall out, when great emaciation takes place and death results. The condition has been sometimes mistaken for epulis, or an affection of a tuberculous character; but in cases where any doubt exists as to the nature of the malady, it can at once be dispelled by subjecting a portion of one of the nodules to a microscopic examination, when in actinomycosis the characteristic fungus of the disease may be found.

*Treatment.*—As the disease is a purely local one, none

but local remedies are required in its treatment; and the best applications, so far as is known at the present time, are those in which carbolic acid forms the most important ingredient. Iodine is also highly useful; and the combination of phenol and iodine (iodized phenol), which has been so highly recommended, and is meeting with such general favour, cannot be excelled in the treatment of actinomykosis, and may be regarded as almost a specific if applied properly and in time. After scarifying and thoroughly scraping the tongue, the iodized phenol should be freely applied to the exposed parts, and in some cases it may be advisable to inject the mixture into the tongue substance to the depth of half an inch or so. In cases occurring in the ox, and in which the jaw-bones are affected, if the animal is in good flesh, it had better be sent to the butcher; but when it is decided to treat such a case, the soft tissues covering the affected bones should be divided and the diseased portions of bone thoroughly scraped, or in some cases removed by means of the bone forceps, after which the iodized phenol should be freely applied and as often as may seem necessary. The patient should be given none but soft or sloppy food, which should be as highly nutritious as possible.

The internal administration of tonic medicines during convalescence will be found of considerable benefit in hastening recovery.

### PAROTITIS.

Parotitis consists of inflammation of the parotid gland, and is occasionally seen in connection with strangles, but usually occurs as an independent disease.

*Causes.*—Very tight reining may cause parotitis; and any injury to the gland, as blows, etc., may be followed by an attack.

*Symptoms.*—An enlargement is noticed over the region of the gland, extending from the base of the ear to the angle of the jaw; the enlargement is found on examination to be hard and hot, and pressure upon it causes the animal to evince pain; mastication may be interfered with to a very slight extent. In due course of time suppuration generally takes place, when the gland is found to be soft and fluctuating; the hair is easily rubbed off or pulled away with the fingers, the integument beneath presents a smooth and shining appearance, and signs of pointing are very apparent. In other cases suppuration does not occur, but an exudate is thrown out, and the gland becomes indurated. The exudate in course of time may, or may not, be removed by absorption, induced or assisted by the proper use of medicinal agents. Parotitis is of more frequent occurrence among young than old animals.

*Treatment.*—The treatment consists of the employment both of local and constitutional remedies. Fomentations persevered in are indispensable in the treatment of parotitis. Poultices are also highly useful; and a judicious use of liniments, and perhaps a vesicant, will be necessary if the swelling cannot be dispersed, and suppuration takes place. At the proper time the parts must be opened, and the pus allowed to escape. Such a procedure is far preferable to allowing the abscess to burst of its own accord. The lancet being plunged in, the pus will sometimes spurt out several feet. If the animal be restless, a twitch should be placed on his lip to keep him quiet. After opening the abscess, it should be nicely cleansed with tepid water, and a poultice applied; and febrifuge medicine and tonics given, and good food of a laxative character should be allowed. If induration occurs, benefit will result from using the ungt. iodi. co., to be well rubbed in as often as may be deemed necessary. A strong vesicant often acts very efficaciously.



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### FISTULA OF THE PAROTID DUCT.

Fistula of the parotid or Steno's duct sometimes occurs in connection with strangles. If the abscess of strangles makes its appearance close to the duct, it is well to exercise a certain amount of care in opening it, or a fistula may be formed. The presence of salivary calculi in the duct will also cause fistulous openings into the duct.

*Symptoms.*—A discharge of a clear watery fluid takes place from the opening in the side of the cheek; this discharge is largely increased in quantity, and is most abundant, during the process of mastication. An astonishing quantity of saliva will be thus lost, in ten or fifteen minutes the ground under the animal often being covered with the discharge. Immediately after the animal has finished his meal is when the discharge is least abundant, and at this time it may cease altogether for a short time. The immense loss of saliva interferes to a very serious extent with the process of digestion, and the animal soon becomes subject to frequent attacks of colic, etc.

*Treatment.*—All treatment must be directed to arresting the discharge of saliva through the fistulous opening, which must, if possible, be closed. If due to ulceration, in connection with an abscess, an astringent should be used upon the parts, and it will generally close in a short time. Another plan, highly thought of and practised by a great many surgeons, is to paint the parts with collodion. The edges of the opening may occasionally be touched with argenti nitras. In some cases it becomes advisable, in consequence of the immense waste of saliva, to make a counter opening into the mouth; the best of all methods, probably, is to scarify the edges of the opening, bring them together, and paint them with several coats of collodion, and await results. In the

meantime give for a couple of days very little or no food. If food is given, it should be gruel, of oatmeal, etc., solid food of no kind being admissible, as such has a tendency to greatly stimulate the flow of saliva. An old case of fistula of this duct is very troublesome to cure, and frequently cannot be cured at all. In cases where the above methods of treatment have been tried and failed, the parotid gland must be destroyed by injecting into its substance the following: argenti nitras  $\mathfrak{z}\text{i}$ ., nitric acid  $\mathfrak{z}\text{i}$ ., aquæ  $\mathfrak{z}\text{i}$ .

### SALIVARY CALCULI.

Calcareous deposits may form in any actively secreting gland, or the duct in connection with the gland. Calculi are met with perhaps more commonly in connection with the parotid duct than any other. These calculi originate in the gland, pass down into the duct along with the fluid secreted by the gland, and having reached the duct they stop, gradually increase in size, and intercept the flow of saliva; the duct becomes enlarged, the passage of the secretion is rendered difficult or impossible, and unless the obstruction passes down and out, either of its own accord or in consequence of manipulation, a fistulous opening is soon formed. In the majority of cases there is something that serves to form a nucleus around which the calcareous matter is deposited; a portion of food may serve for this purpose.

*Treatment.*—Unless of large size, the calculus may be removed by manipulation in a great many cases. Where manipulation fails in consequence of size, etc., it should be cut down upon with a knife and removed, the opening closed by suture and treated as an ordinary wound.

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### PTYALISM.

Ptyalism is the term applied to a condition characterized by an excessive secretion of saliva. In some cases the secretion is enormously in excess of the normal quantity, and in such cases interferes to a considerable extent with the digestive process. If the flow of saliva is but slightly increased, however, no bad results are likely to occur.

*Causes.*—The causes of ptyalism are not always sufficiently apparent; however, we know that anything that will excite or stimulate the salivary glands will produce ptyalism. Mercury will do this, and certain kinds of food also have the power of increasing the flow of saliva—herbs, and clover of certain varieties—hence the condition is most frequently seen during the summer season. In some cases the increased flow of saliva may be due to the presence of a foreign body in the tongue, or somewhere in the mouth, hence a careful examination should be made; such an examination may be dispensed with in cases where the surgeon is called and finds half a dozen or more horses suffering from ptyalism, as the chances are largely against each of them suffering from some foreign body in the mouth. Still, the careful practitioner will not fail to give each animal a separate and thorough examination.

*Treatment.*—If possible, the practitioner should ascertain the exciting cause; having done this, it is afterwards to be guarded against. The mouth may be washed with cold water and astringent washes, as a solution of alum, ordinary vinegar, etc. The food of the animal should be changed, and a few doses of tonic medicine may be given. It is a condition, as a rule, that is easily controlled.

**APHTHÆ.**

Aphthæ, or, as it is sometimes termed, Thrush, consists of an eruption taking place about the lips and tongue. Stomatitis is another name that is applied to the same condition. Catarrhal, pustular, and vesicular stomatitis are the three stages of the same disease.

*Symptoms.*—The first symptom to attract attention is a reddened condition of the parts. Little vesicles are now formed, and the mouth is found to be hot and tender. Pyrexia, both general and local, is more or less marked, but, as a rule, the pulse is not affected to any very great extent. The appetite is impaired, or wholly lost, and there is more or less difficulty in performing mastication. The disease may assume a contagious form, but, as a rule, it does not in horses. It is generally due to faulty digestion, feeding on bad food, as musty hay, or any description of food not fitted for digestion.

*Treatment.*—As a rule, this condition is easily overcome. The food of the animal should be changed immediately, the bowels may also be gently acted upon by an oleaginous draught containing a little gentian and sodium carbonate. Occasionally a moderate dose of aloes will be found of great benefit. Cooling and astringent gargles should be used. In some cases zinc sulphas in solution may be used with care. After the acute symptoms have subsided, the animal is frequently very weak; tonics should then be used, as gentian in combination with sodium carbonate. Quinia sulphas is highly beneficial, and may be given in doses of  $\text{ʒi.}$ ; if given in a bolus, there should be added a few drops of acid. sulph. to cut it and favour its solution. Quantities varying from grs. ii. to grs. v. may be given hypodermically, producing as good an effect as  $\text{ʒi.}$  given by the mouth. Some French veterinarians are very much in favour of injecting it

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### LACERATION OF THE SOFT PALATE.

Intense inflammation may exist in the soft palate in consequence of injury. A very frequent cause of injury to this membrane is the reprehensible practice, persisted in by some people, of giving a bolus on the end of a stick, instead of using the hand for the purpose. Cases have occurred in which animals worth hundreds of pounds have been lost in consequence of injuries inflicted by a stick whilst administering a bolus.

*Symptoms.*—The animal has great fever and is much prostrated, both in strength and spirits; the appetite is completely lost; swelling takes place in the neighbourhood of the injury, and in a short while it is noticed that the breath is fetid.

*Treatment.*—Steam the nostrils to allay irritation, and treat about the same as a case of pharyngitis; use carbolic acid, etc., for the fetid breath.

## CHAPTER XVI.

### Injuries, etc., in the Œsophageal Region.

#### PHARYNGEAL ABSCESSSES.

Abscesses in connection with the pharynx occur in the horse, but are of more frequent occurrence among cattle, and are generally found to exist in connection with some tuberculous disease, and also as a result of the presence of the parasite actinomyces.

*Symptoms.*—Difficult breathing, during respiration a wheezing sound is given out, deglutition is rendered very difficult, and when pressure is brought to bear over the

region of the abscess, the wheezing immediately becomes louder and better marked in every way. On causing the animal to run, he goes a few steps, stops, and begins coughing. An examination should now be made of the interior of the throat. Use the mouth speculum to keep the mouth open, and make a thorough examination, when fluctuation may be found in some part of the throat.

*Treatment.*—Having found the abscess, it should be opened by means of a guarded lancet or knife; as soon as it is opened, the hand should be quickly withdrawn, and the pus allowed to escape. If possible, the animal should be allowed to retain the standing posture, as in this way all danger of the pus escaping down the trachea, and causing death of the animal, will be obviated.

### CHOKING.

Choking, whilst occurring in all animals, is of most frequent occurrence among cattle. It consists of the arrest of the substance swallowed while on its way to the stomach, causing in consequence a clogging up of the œsophageal passage, and preventing the passage of food and liquids into the stomach.

*Causes.*—A very greedy animal in an endeavour to get more than his share of food neglects to properly masticate it, and makes an endeavour to swallow large quantities at a time, as a result of which the œsophagus becomes crammed with the food, the peristaltic motion is not sufficient to force it down into the stomach, and after awhile peristalsis ceases. Choking caused by improperly masticated food is very troublesome. Pieces of potato, apple, etc., also are frequent causes of choking in cattle. Choking can be prevented to a very great extent by causing the animal to take his food from the ground, so that the head will be kept

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down while he is eating, in which case he will not be so likely to choke. No explanation is offered for this fact; still, it is well known to be the case. A fit of choking may also be caused by the administration of a very large bolus, and more particularly if it be hard, hence a bolus should always be of medium size, and moderately soft. Eggs given with the shells unbroken, as a remedy for colic, have been known to produce very severe fits of choking. But dry food becoming impacted, especially if the whole course of the œsophagus be involved, is the worst of all forms of choking. This kind is likelier to occur in very greedy animals, especially if such are old, the teeth worn, in bad order, and the salivary glands not actively secreting.

*Symptoms.*—About the first symptom is slight uneasiness on the part of the animal. Coughing, violent attempts at swallowing, succeeded by equally as earnest efforts to regurgitate, retching, spasmodic movements of the neck, etc., are prominent symptoms. If the animal attempts to drink, or is given a draught, most of the liquid returns through the nostrils. A free discharge of saliva is usually observable; the abdominal muscles contract and draw up the belly; the animal curves his neck and retches violently. This symptom is more particularly noticeable when the choking is in connection with that part of the œsophagus which is situated within the thorax. Sometimes the obstruction can be detected when situated within the cervical portion of the œsophagus. A well-marked symptom in cattle is a tympanitic condition of the rumen. Tympanites very rarely occurs as a symptom, or result, of choking in the horse. When the obstruction is situated high up in the cervical portion of the œsophagus, symptoms of suffocation are frequently presented; but such may last for a considerable length of time without the case terminating fatally.

*Treatment.*—The practitioner should endeavour to find

out the probable cause of choking—whether a piece of leather, an apple, dry food, etc.—as the course of treatment depends to a considerable extent upon the nature of the obstruction. Unless the symptoms are very urgent, an effort should be made to dislodge the obstruction by manipulation. The head of the animal should be held firmly extended by an assistant, while the practitioner gently manipulates and endeavours to break up the mass, or, if it be an apple, endeavours to force or favour its passage onward. If the obstructing body is lodged in the pharynx, the hand may be passed back into the mouth through a balling iron, and the cause of the trouble grasped with the hand and removed. In other cases, oil and water may be given the animal in a draught; the passage is thereby lubricated, and the mixture, while causing an effort on the part of the animal to swallow, also has a tendency to soften and break up the obstructing mass if composed of dry food, and its removal frequently is effected in this way. If the above measures are not successful, the probang must be employed. For cattle a strong leather probang with a good knob on it should be used. One of smaller size should be used for the horse; whalebone probangs, on account of their liability to break, should never be used. The probang should be well lubricated and passed gently back into the œsophagus, until the obstruction is reached, when gentle force should be brought to bear to cause its passage downward into the stomach. In many cases it will be found necessary to use the gag or balling iron to prevent injury to the probang. If the obstructing mass be composed of dry oats or bran, the practitioner should be very cautious with the probang, as any undue force is likely to cause the mass to become firmly impacted, in which case no amount of force will effect its removal without injury to the animal. After pressing gently upon the mass with the probang, the



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latter may be withdrawn, and the animal given a small quantity of oil and water to swallow, after which the probang may be again introduced. If the mass becomes partially dislodged, the probang may be withdrawn, and the oil and water given, when, as a rule, the food will pass on to the stomach without anything further being done. In the case of an apple becoming lodged, a probang with a screw and a stiletto should be used. The apple should be pierced in several places with the screw until it becomes broken down, when the probang may be withdrawn, and a small quantity of oil and water administered. As a rule, nothing more will be required. In cases where the probang is proved to be of no avail, recourse must be had to the operation of *oesophagotomy*. It is not a very successful operation, as a rule, but in cases where every other means have been tried and failed to give relief, this operation becomes justifiable, and must be performed as the only means of saving the life of the animal; and it is essential that the operation be performed before the animal becomes too much weakened and exhausted. The operation is one very easily performed by anyone having a knowledge of anatomy, the chief objection to its performance being the difficulty almost invariably experienced of getting the wound to heal. If possible, the *oesophagus* should be laid open with the first stroke of the knife, as, in such a case, the wound will be likelier to heal properly. The animal also, while standing quietly under one stroke of the knife, is certain to become restless if the operation be slowly performed and with many cuts of the knife. The incision should be made right over the region of the offending body, which, when reached, should be gently removed, and the parts nicely cleansed with tepid water and a sponge; after which the divided edges of the *oesophagus* are to be brought together and firmly secured in place by means of *sutures* of

carbolized catgut. The external opening may be secured in a similar manner. The after-treatment consists of keeping the animal quiet for a few days, and feeding on liquid food, gruels, etc., and allowing no solid food until the wound has entirely closed. Some of the results of choking are dilatation, or the formation of a pouch in the œsophagus, rupture of the œsophagus, etc.

### DILATATION OF THE ŒSOPHAGUS.

As a result of choking, the œsophagus may become abnormally dilated, or a pouch may be formed, in which food accumulates to a greater or less extent, the pouch gradually growing larger until it attains an enormous size and gives rise to considerable trouble.

*Symptoms.*—If in the thoracic region the animal will be a slow feeder, and subject to repeated attacks of choking, which may be mistaken for spasm of the œsophagus; a change of food will generally bring on one of these attacks. If the pouch is situated in the cervical portion of the œsophagus a bulging can be seen and felt. Passage of the probang may assist in forming a correct diagnosis.

*Treatment.*—Very little can be done; sloppy food only should be allowed the animal; and when a fit of choking comes on, oil, etc., should be given. If the pouch is situated in the cervical portion of the œsophagus, considerable advantage results from the use of a pad placed over the part.

### STRICTURE OF THE ŒSOPHAGUS.

Stricture of the œsophagus also occurs as a result of choking. The walls of the œsophagus become thickened to a certain extent, or a contraction of the muscular fibres of the coats of the œsophagus takes place. It may coexist with dilatation, etc., of the œsophagus.

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*Symptoms.*—The animal is subject to frequent fits of choking, etc. On attempting to pass the probang, it proceeds along the passage very well until it reaches the seat of stricture, when its further passage is resisted; but by using gentle force, and taking plenty of time, the stricture gives way, and the probang passes on.

*Treatment.*—As a rule, treatment is useless, but occasionally the condition may be overcome by passing a probang every day—beginning with one of small size, and each succeeding day using one slightly larger.

## RUPTURE OF THE CÆSOPHAGUS.

Rupture of the œsophagus may be caused by using too great force when passing a probang. The use of sticks, etc., in place of a probang is also a very prolific cause of rupture.

*Symptoms.*—The symptoms of rupture of the œsophagus are, as a rule, pretty well defined. The animal becomes dull and listless, respiration is more or less affected, and a swelling can be detected over the course of the œsophagus. On passing the hand down over the swelling the animal evinces a considerable amount of pain. After a short time the whole neck becomes swollen, and the breath fetid. The history of the case will materially assist in forming a correct diagnosis. If told that the animal was choking, and that a stick, etc., was passed to relieve him, the practitioner may feel certain that the case is one of rupture of the œsophagus.

*Treatment.*—As a rule, treatment is of no avail; but in the case of a small rupture the practitioner may cut down upon it and see what can be done with sutures, etc.; but in most cases the patient should be put out of his misery as quickly as possible.

## CHAPTER XVII.

## Diseases of the Stomach and Intestines.

## SIMPLE INDIGESTION.

Diseases of an organic nature in these parts are not common, but functional derangement of the digestive system is very common. When a horse is constantly fed on bulky, coarse food the stomach becomes distended. The distension taking place at the expense of the walls of the stomach, the walls become attenuated, and when any acute form of disease attacks the stomach, rupture of the viscus is likelier to occur than if the horse had been properly fed, and consequently the stomach in a normal condition. When the food does not digest properly, a condition known as indigestion becomes established. In a large majority of cases the intestines are involved. Indigestion occurs in the chronic, acute, and simple forms. In the human being it is known as dyspepsia. In the horse digestion goes on very quickly, the stomach of the animal being very small in proportion to the size of the body; this is one of the wise provisions of nature, and allows the horse to undergo more or less severe exertion after a full meal without any great amount of inconvenience.

Simple indigestion is by no means uncommon in the horse, and may be caused by sharp and projecting teeth, poor quality of food, etc.

*Symptoms.*—The animal suddenly falls off in condition, and may become considerably emaciated; the condition known as hide-bound makes its appearance as a symptom; the coat is staring and dead-looking, and there is a general appearance of unthriftiness. Slight but frequent attacks of colic occur; the bowels are irregular, sometimes constipation,

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## SIMPLE INDIGESTION.

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and sometimes diarrhœa, being present; the animal shows a most depraved appetite, and often eats with an apparent relish the most filthy substances. They are particularly fond of lime and salt, and will lick a wall for hours to get the lime contained in the mortar. The pulse is weak, and the liver may be more or less involved, in which case there is well-marked yellowness of all the visible mucous membranes.

*Treatment.*—In all probability there exists over-acidity of the stomach; and the practitioner may be certain that such is the case when the animal is observed to show a craving for alkaline substances, such as lime, salt, etc. Give a liberal supply of salt, and administer a mild aloetic laxative, especially in cases where the liver is involved. Hydrarg. subchlorid.  $\mathfrak{z}\text{i}$ . may be added to the aloes. Soda, combined with gentian, may also be given with benefit. When signs of improvement become manifest, tonics are to be administered, as quinia sulph., gentiana, the various preparations of iron, etc. If the animal appears to be very weak or debilitated, stimulants, as ale, beer, wine, whisky, etc., should be given. Dress the teeth if necessary, change the food, groom the horse well, and give regular exercise, etc.

## ACUTE INDIGESTION.

Acute indigestion, or, as some call it, 'gorged stomach,' is a very common as well as very fatal disease. It is probable that two-thirds of the heavy horses, more particularly the stallions, dying in the United States and Canada, die of acute indigestion. The light breeds of horses do not suffer so frequently as the heavy horses. Often considerable distension is observed, which may be due to the presence of large quantities of food, or may be caused by gas in the stomach and intestines—the gases formed being sulphuretted hydrogen, carburetted

hydrogen, and carbonic acid gas. Rupture of the stomach occasionally occurs. In other cases the stomach and bowels become so distended that the movements of the diaphragm are interfered with, and the animal dies of asphyxia.

*Causes.*—A common cause of acute indigestion is the custom of giving the animal a large feed, and then subjecting him to severe exertion. Perhaps the owner, when about to drive fifteen or twenty miles, through a mistaken idea of kindness, allows his horse to have a large quantity of food just before starting on the journey; in addition to which, the animal may be a greedy feeder, and does not fail to consume all the food set before him. He starts off at a pretty rapid gait, with the stomach and bowels full. The exertion of travelling causes the blood to be drawn away from the stomach, where it is needed in the process of digestion. In consequence of this, digestion becomes seriously interfered with, and in some cases the process may be completely checked; and now all the symptoms of acute indigestion are presented. Feeding largely when the stomach is weakened is another cause of this disease. When an animal has been driven or worked hard for six or eight hours, and is tired and hungry, the stomach is not fitted for the reception of more than a very small quantity of food. Certain descriptions of food also tend to produce the disease: as wheat, barley, Indian corn, etc., oats being the best description of food for horses. Green food, when eaten of very heartily, will also cause an attack; and it often follows the feeding of bran in immoderate quantities, especially when of an inferior quality. Sometimes a very slight change of food will cause an attack of acute indigestion. It also occasionally follows the use of chop feed. Another cause, and one that gives rise to the disease in its worst form, is the practice of feeding horses on mouldy or decomposing

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bread; this is done to a great extent in cities, and may result in gastro-enteritis.

*Symptoms.*—The animal, having had a large quantity of food, is started on a journey. After going a few miles he becomes somewhat dull and sluggish in his movements. Soon he shows a slight uneasiness—cringes and turns his head to one side, and seems to be in slight pain, but he is whipped up, and the symptoms disappear for awhile. However, they soon return, swelling of the abdomen becomes apparent, the animal's pain increases, and perhaps the journey's end is reached with great difficulty. On being set at liberty he begins to toss about, rolls from side to side and endeavours to balance on his back. When lying down he occasionally raises his head, and looks wistfully towards his flank. As a rule, the abdomen is greatly distended, and there are eructations of gas, and often an escape of gas per anus. The eructations of gas show that the stomach is distended, and may be regarded as a good sign, inasmuch as the escape of gas by any outlet gives great relief. Regurgitation of food may also be noticed as another symptom, but one which is not always present. In some cases sweats bedew the body; there may be slight diarrhoea; the rectum protrudes, and is irritable; he rolls and tumbles about in a violent manner. When the anus is reddened and protruding, it should be regarded as a very bad symptom. The pulse at first is full, but gradually becomes weak and quick. In the early stages the mouth is hot, then becomes cold and clammy; the limbs lose their natural heat and become cold; the eyes take on an amaurotic stare; cold sweats break out; the animal walks about in a semi-unconscious condition, occasionally staggering or reeling slightly, may fall back upon his haunches, and finally falls to the ground, makes a fee-

convulsive struggles and dies—usually a victim of his master's kindness.

*Treatment.*—The treatment of acute indigestion, to be successful, should be prompt and energetic. Stimulants and purgatives are the remedies to give in a majority of cases, and if pain be excessive, it should be relieved by the judicious administration of opiates. *Æth. sulph.*, or *æth. nitrici*, the former being preferable, may be given in the usual quantities, and are valuable to arouse and stimulate the vital energies. A valuable draught in most cases is as follows: *Æth. sulph.* ʒi.—ʒii., tr. opii ʒi., ol. lini O.i.; ol. terebinth is preferable to ether, and may with advantage be substituted for it in the above draught, and follow with a full dose of cathartic medicine. A ball composed of aloes bb., sodæ carb., āā ʒvi., should be given. If much pain is present, it may be allayed by the subcutaneous injection of morphia. Enemas cannot be overdone in a case of acute indigestion. An enema should consist of tepid water, with sufficient soap in it to make it slippery to the touch, and ol. terebinth ʒi.—ʒii. Judicious counter-irritation, as mustard to the belly, hand-rubbing the abdomen, etc., is often of great benefit. If relief is not afforded by the first draught, another should be administered in the course of twenty minutes or half an hour. Where there is any tendency to inflammatory action, ol. terebinth should be withheld; but where there is no such tendency, it is far preferable to ether. Calcium chloride, sodium carb., ammon. carb., etc., are often given to dissipate the gases generated within the stomach, prevent further formation of gas, and counteract the acidity of the stomach. In certain cases belladonna may, as an anodyne, be given with more satisfactory results than any of the preparations of opium. It is as necessary to know when to stop the administration of medicine, as it is to know when to begin; hence when



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relief is obtained, and improvement in the condition of the animal is manifest, medicinal agents should not be pushed too far. In cases where there is a tendency to enteritis, and injections are being freely used, soap should be omitted after the first one or two injections. The animal should be comfortably clothed so as to preserve the surface temperature and prevent cold sweats. If sweats break out, the patient should be carefully guarded from draughts of cold air. The legs may be well hand-rubbed and bandaged with flannel. In cases of great distension, the animal must be kept from throwing himself violently about, as rupture of the stomach or bowels might occur in consequence of a very violent movement on the part of the animal. When tympanites cannot be relieved in any other way, recourse must be had to the operation of puncturing the colon—using the trocar and cannula for the purpose. It may safely be said that hypodermic injections and the trocar and cannula rob this disease of half its terrors. *Opii tr.* is very good to allay pain, given by the mouth if the stomach is empty ; but when the stomach and bowels are full of gas, medicines given by the mouth are not absorbed very readily or very certainly. Chloral hydrate is recommended, and is undoubtedly of great benefit in many cases. A purgative should never be omitted, as it is probable that purgatives relieve spasm and pain before developing any of their physiological actions. *Nux vomica* may, in some cases, be combined with the purgative, accelerating as well as rendering its action more certain. Animals when suffering from acute indigestion are frequently supposed by certain people to be poisoned. In cases where it becomes necessary to pass the trocar and cannula, the operation should not be too long deferred, but should be performed while the animal has plenty of strength and vitality left. They are usually passed on the right side of the animal, but may be

passed on either side. They should not be passed, however, until the distension becomes well marked. The common integument should be divided by the lancet for the purpose of facilitating the entrance of the trocar and cannula. In case the colon is not punctured at the first attempt, the operator should not be discouraged, but should try again. After the gas has escaped, the cannula may be withdrawn, and the opening usually heals by the first intention. In some cases an abscess results from puncturing; when it does, it should be opened and treated as an abscess in any other part of the body. If pure gas and nothing else escapes through the cannula, it is to be regarded as a favourable symptom; but if a dark-coloured fluid passes out also, it should be regarded as a bad sign, and one indicating that more or less inflammation has taken place. However, it is not by any means to be regarded as an infallible sign of death. It is said that an ounce of prevention is worth a pound of cure, and the saying will apply to acute indigestion; it is a disease easily prevented—nothing more being necessary than a little attention on the part of the attendant, who should see that the food is of good quality, and is given to the animal in proper quantities, and at regular intervals. And an animal should never be put to severe exertion immediately after a full meal, neither should he be allowed to drink large quantities of cold water immediately after having partaken heartily of food. Good grooming once or twice daily exerts a much greater influence over the health of the animal than is generally supposed. It is as essential that he should have sufficient exercise, and at proper intervals. Atmospheric draughts should be avoided, but a plentiful supply of fresh air is indispensable.

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### RUPTURE OF THE STOMACH.

Rupture of the stomach occasionally occurs as a result of acute indigestion, and may occur without the bowels being much affected.

*Symptoms.*—The symptoms of rupture of the stomach are never very positive, and in no case is the practitioner able to state positively that rupture has taken place; still, he may be able to form a very good idea. A prominent symptom is vomition. It may be said to be a premonitory symptom, as it occurs before rupture takes place, or, in some cases, it may possibly occur after a very small rupture has occurred; the pulse becomes very quick and weak, and the ears cold, as are the extremities and body; the animal turns around or walks in a circle, moving about in a semi-unconscious state, lies down, and sits up on his haunches after the manner of a dog; the eyes take on an amaurotic stare, cold sweats bedew the body, and death soon occurs. There is every reason to believe that animals have lived for eight or ten hours after rupture has taken place, but death usually occurs sooner. Rupture of the stomach is invariably fatal.

### IMPACTION OF THE STOMACH.

Impaction of the stomach is most likely to occur in old horses that have been fed on coarse and inferior food. A sudden change is made to good food, which does not undergo the process of digestion, but remains in the stomach and becomes impacted. It may also occur in consequence of feeding an animal largely on coarse food when very much fatigued. A well-marked case of impaction of the stomach may occur without the generation of gas.

*Symptoms.*—There may occasionally be a slightly tympanitic condition after a time, which is to be regarded as a

very unfavourable symptom. There is usually a tucked-up appearance of the abdomen, the animal paws and rolls, turns his head to his side, the pulse becomes quicker and fuller, and, unless relieved, death soon occurs. Impaction of the stomach usually gives rise to well-marked symptoms of nervous derangement, producing delirium, and sometimes coma and paralysis. Over-ripe grasses and buck-wheat are the descriptions of food most likely to cause these symptoms. Decomposing and frozen roots also have a similar effect. The animal is dull, drowsy, and has no appetite.

*Treatment.*—A powerful diffusible stimulant should be given first, and followed by a full dose of cathartic medicine, in combination with nux vomica, the latter being especially beneficial in cases where symptoms of nervous depression are manifested. Carminatives may be freely used. If griping pains are present, clysters should be freely given. A decoction made by boiling tobacco  $\mathfrak{z}\text{i}$ . in aquæ  $\text{O}\text{iv}$ ., and added to sufficient water for an enema, is of great service. Any good stimulant may be used, as ammonia, ether, etc.; but a good alcoholic stimulant is the best of all stimulants. Soap should not be used too freely in the clysters, as it has a tendency to cause irritation of the mucous membrane of the bowels.

### CHRONIC INDIGESTION.

Chronic indigestion may be produced in various ways, as by feeding an animal for a long time on large quantities of oats, etc., the stomach being overtaxed, and finally failing. Chronic indigestion is also occasionally associated with functional derangement of the liver.

*Symptoms.*—There is apparently nothing the matter with the animal, in many cases, except that he appears very dull and languid, sweats easily, and the coat has a dry and dusty

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appearance, instead of the sleek glossy coat of health. In many cases the pulse is found to be slower and weaker than natural, and the animal may be subject to slight attacks of colic; there may be a slight attack of diarrhoea, followed by constipation, the fæces being either of a very dark or a very light colour, the latter being a symptom of hepatic derangement, in which case there may also be observed a more or less well-marked yellowish tinge of all the visible mucous membranes; the appetite is usually very capricious, and often depraved—one day the animal may feed ravenously and on the following day refuse to touch any description of food. Various substances, as dirt, lime, etc., when accessible, are often eaten, apparently with great relish. This form of indigestion is in all probability due, in many cases, to an insufficient supply of salt.

*Treatment.*—The animal should be prepared for a dose of cathartic medicine. An animal should always be prepared, or serious consequences may follow. The preparation consists of allowing nothing but bran mashes to eat for at least twenty-four hours previous to the administration of the medicine. If the liver is involved, an ordinary dose of calomel may be given with the purgative, carminatives should be given afterwards—soda, ginger, etc., being serviceable. At the proper time tonics may be administered with great benefit, but if given too soon will only be productive of harm. Coriander seed and common salt is another remedy, recommended by some excellent practitioners. Rock salt is very useful, both as a prophylactic and as a useful adjunct to other remedial agents, when the disease is present—a lump of rock salt should always be kept in the manger. If gastritis be present, drastic purgatives are inadmissible, and oil in the ordinary quantities should be administered. The free use of alcohol is of the greatest benefit, where the brain is affected. Ether and

other diffusible stimulants are also useful. The body should be clothed and the extremities well hand-rubbed and bandaged with flannel, and the animal, while being allowed an abundance of fresh air, should be carefully guarded from draughts. Give good food in proper quantities, groom well, etc.

### GASTRITIS.

Gastritis, or inflammation of the stomach, may be caused by the presence of irritants or poisons in the stomach. An overdose of arsenic causes gastritis, as does drinking brine, eating of the yew-tree, etc.

*Symptoms.*—The animal manifests great pain, and sometimes sweats freely; the pulse runs down, etc. It is a very fatal disease, although not so invariably fatal as enteritis. A case may be met with in which the irritation may be due to the presence of 'bots,' but such a case is the exception, and not the rule. The disease is not common in the horse, but is of frequent occurrence amongst dogs, and is somewhat common amongst cattle. A symptom usually observed is paralysis, staggering gait, etc.

*Treatment.*—If possible, the cause of the gastric inflammation should be ascertained; and, if it is found to be due to the presence of arsenic in the stomach, the various preparations of iron will be found useful, the best preparation being the freshly prepared hydrated sesquioxide of iron. If the nervous system be much depressed, nothing can be done except to give small and repeated doses of stimulants and mucilaginous draughts. If great pain be manifested, give opiates. If mercury is found to be the cause of the trouble, albumin, as the white of eggs, wheat-flour, etc., should be given in large quantities. Judicious counter-irritation over the region of the stomach and bowels is also of considerable service; and, in those cases where the case is got before

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the poison has entered the circulation, the stomach of the horse may be emptied and washed out by means of the stomach-pump; and, in the case of those animals capable of performing the act of vomition, an emetic, as zinc sulphas in solution, should be administered as quickly as possible.

### SPASMODIC COLIC.

Spasmodic colic is one of the most common of all bowel-diseases of the horse, and is known also as gripes, belly-ache, etc. It consists of spasmodic contraction of the muscular fibres, usually of the small intestines, but occasionally of the large intestines.

*Causes.*—Spasmodic colic may be caused in many ways, the most common cause of the disease, in all probability, being a sudden change of food, and more especially when the change is from good food, to food of an inferior quality. It also may be caused by allowing the animal to drink large quantities of cold water when overheated and in an exhausted condition, colic being more likely to occur when the animal is exhausted than when he is not. Feeding roots tends to produce colic, carrots being particularly liable to induce an attack, a couple of carrots being quite sufficient to produce a very severe attack of colic in some horses. Sudden alternations of temperature, particularly from heat to cold, tend to produce the disease. The action of cathartic medicines, or any irritant, in connection with the abdominal cavity, may, and frequently does, give rise to severe attacks of colic; hence a purgative of a drastic nature should never be given unless combined with a carminative, as ginger, gentian, etc. It is a disease seldom fatal, and never of very long duration, but is of exceptional severity during the short period it lasts. In fatal cases the patient dies of exhaustion, and a post-mortem examination

reveals more or less extensive adhesions of the muscular and mucous coats of the intestines. As a rule, there is no tendency to any inflammatory action. Pea-straw and raw potatoes have a strong tendency to cause colic.

*Symptoms.*—Colic is characterized by the suddenness of the attack. The animal is seen apparently in good health, standing quietly eating his hay, when he is suddenly seized, turns his head around to his side, whisks his tail, stamps and paws, and in some cases kicks as though he were trying to strike his abdomen with his hoof; he cringes, then suddenly casts himself violently upon the ground, and rolls violently from side to side, while apparently he is suffering pain of a most agonizing character. After rolling awhile he gets up; and after standing quietly for a few minutes, and evidently free from pain, he is suddenly seized again, and goes through the same performance as before. During the attack the pulse runs up rapidly, and usually attains a speed of about sixty beats per minute. Still, it occasionally runs up to seventy or eighty in a pure case of colic. During the interval when the animal is standing quietly, and suffering no pain, the pulse-beats rapidly decrease in number, until the rate becomes normal. During the attack the patient generally makes frequent but ineffectual attempts to urinate. The neck of the bladder, being spasmodically contracted, prevents the proper performance of the act; but when the attack is relieved he generally urinates freely: hence a copious flow of urine is usually regarded as a sign of improvement. The ears and extremities, in some cases of colic, become deathly cold. Whilst rolling he usually makes an effort to balance himself upon his back. He generally paws and turns round a few times before lying down. The belly has a tucked-up appearance. The animal usually begins to eat freely during the intervals between the paroxysms, and passes



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faeces, sometimes of a hard character, in other cases more or less diarrhoea is present; and when diarrhoea is observed in connection with an aggravated case of colic it is to be regarded as a bad sign, inasmuch as it indicates that the case has a strong tendency to terminate in enteritis. As a rule, the ears and legs remain warm, but may be cold in some cases, particularly when the animal has been sweating freely. An attack of colic may last from fifteen minutes to twelve or fifteen hours. However, in the latter case it must be a very mild attack, or the animal would not be able to survive for that length of time. Sometimes a case of enteritis may be mistaken for an attack of colic, the symptoms being very much alike. It is a matter of great importance that no such mistake be made; hence the practitioner should be thoroughly acquainted with the symptoms of each disease, in which case there will be no trouble in discriminating between the two. In colic the eye is usually bright and clear, and the limbs and ears of a normal temperature; while in enteritis the eye is dull, and usually bloodshot, the ears and extremities being deathly cold. In colic the paroxysms of pain alternate with intervals of rest and absolute freedom from pain; while in a case of enteritis the pain is continuous, there being no intervals of ease, although the pain may be greater at one time than at another. In colic the pulse is normal, or nearly so, except when the animal is seized with a paroxysm. In enteritis the pulse runs up higher than in a case of colic, is hard and wiry, and steadily maintains that character, and pressure upon the abdomen calls forth an expression of pain; while in colic the relief afforded by similar pressure is evident to almost anyone. He also lies down and gets up more carefully when suffering from enteritis than he does when he is suffering from colic. In cases of colic that recover, the paroxysms become shorter

and less frequent, as well as less violent. In fatal cases the paroxysms become longer and more violent in character, the intervals of ease shorter and shorter, until finally the case terminates in volvulus, or enteritis and death, or the case may terminate in death from sheer exhaustion.

*Treatment.*—The disease is one that is usually very satisfactory to treat. However, the treatment should always be prompt and energetic. Phlebotomy undoubtedly antagonizes spasm; but its practice is one not to be recommended, as far better means by which spasm can be controlled are known to the profession. As soon as possible a draught should be administered, a very good one being as follows: spts. æth. nitrici, tr. opii, āā. ʒii.; aquæ, O.i. Belladonna in the ordinary-sized dose may, in many cases, be substituted for tr. opii. A laxative should always be given to clear out the intestinal track, because colic is always due to the presence of something which acts as the exciting cause of the disease; and unless that something be removed, it may remain and cause another attack of colic in a day or two afterwards. However, a powerful purgative should never be given, as such a cure would be worse than the disease, apart from the danger of superpurgation. Subcutaneous injections of morphia may be given to allay pain, and are especially serviceable if the stomach is distended with food. Clysters of tepid water cannot be overdone. A little soap and ol. terebinth may be added to the first and second injections, but to none of the others. Some practitioners advocate the administration of ol. terebinth in a draught. It will do very well in a case of pure colic, with no tendency to inflammation; but if there is any tendency to inflammation it is inadmissible, its administration meaning almost certain death. Almost anything will do, providing it be given in time. Tr. aconite is often used with good effect. In a severe

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case a judicious amount of counter-irritation to the abdomen is beneficial. Mustard and ammonia may be applied with friction, using the hand for the purpose. The body should also be warmly clothed, and the patient protected from cold draughts of air. Any good diffusible stimulant will usually be sufficient to cure an ordinary case of colic, beer, whisky, etc., mixed with warm water, being good. If it is seen that the first dose does not have the desired effect, it may be repeated in twenty minutes or half an hour. Care should be exercised in the administration of hypodermic injections of morphia, as they may very easily be overdone. The animal should be put in a place where he cannot injure himself, and allowed to roll as much as he wishes, this being his method of obtaining relief in all abdominal disorders; and he undoubtedly suffers less when allowed to roll than when compelled, by whipping, etc., to remain upon his feet, and forced to gallop about with some one upon his back. Some of the measures adopted by ignorant men and quacks are absurd in the extreme—as, for instance, putting salt in the ear, forcing the animal to swallow the intestines, reeking hot, just torn from a fowl, buttermilk and soda, sweet milk and molasses, the employment of charms, and such-like nonsense.

### FLATULENT COLIC.

Flatulent colic is caused by the generation of gases within the large intestines. The same gases are generated in flatulent colic as are evolved in acute indigestion. The symptoms of flatulent colic are also very similar to those of acute indigestion, so much so that one condition may very easily be mistaken for the other; indeed, some practitioners claim that the diseases are identical, and that acute indigestion is merely another name for flatulent colic; but

such is not the case, the two diseases being widely different in character, acute indigestion being a much more serious condition than flatulent colic.

*Causes.*—The causes which operate in producing flatulent colic are many: the most common cause being coarse, inferior food, especially hay or corn that is sour and mouldy, or otherwise damaged. A sudden change of food is also frequently followed by an attack of flatulent colic. Imperfect mastication, owing to defective teeth, etc., in consequence of which the food is swallowed unmasticated, may also be mentioned as a cause of this disorder; and especially in the case of very old animals, whose digestive powers are impaired.

*Symptoms.*—The animal evinces a slight uneasiness, and paws, turns his head to one side, throws himself upon the ground, and rolls; the pulse runs up, and soon the abdomen is observed to be gradually increasing in volume—becoming distended with gas. In a well-marked case the distension increases until the abdomen attains an enormous size. The ribs of the leanest horse now can no longer be located; the swelling in some cases being so great that even the antero-external spine of the ilium can scarcely be located with the eye alone. The suffering of the animal now becomes very great. He is stilty and sluggish in his movements; a cold sweat may break out; the countenance betokens great anguish; the ears and extremities of the patient become cold, and if relief be not afforded very quickly death will soon result. When the abdomen is so enormously distended with gas the animal should, if possible, be prevented from throwing himself violently upon the ground, as such an act would be very likely to cause rupture of a bowel, and of course certain death would be the result. In a pure case of flatulent colic there are never any eructations of gas, though there

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may be frequent escapes of flatus through the anus. The animal lies down and gets up more carefully than when suffering from spasmodic colic, and the pain is also more constant than in the latter disease. The abdomen on being struck with the fingers gives out a resonant drum-like sound, and is tense and elastic to the touch. This form of colic is far more serious and dangerous to life than spasmodic colic.

*Treatment.*—The treatment must be prompt and energetic. The administration of diffusible stimulants is indicated, hence give spts. æth. nitrici or ol. terebinth, in doses of ʒi.—ʒii., the latter remedy being preferable. Frequent enemas may be employed with great benefit, and should consist of tepid water with a small quantity of sodium chloride in solution. An escape of gas per anus affords relief, and is to be regarded as a favourable sign; and at this time remedies must not be pushed too far, or harm may result. Tobacco enemas are highly useful in this as well as the other forms of colic. Agents which combine chemically with, or otherwise combat, the formation of gas, should be given; hence asafoetida, lime, soda, ol. terebinth, etc., may be given, and in many cases it is good practice to follow with a purgative; but the practitioner must be discreet in the administration of purgatives, as they occasionally set up a considerable amount of irritation. In cases where the treatment described above has been tried and failed to give relief, recourse must be had to the operation of puncturing the colon to allow the escape of the gas contained therein. This operation, if properly performed, and before the vital energies have become weakened to any great extent, in a pure case of flatulent colic, is almost uniformly successful; being rarely, if ever, followed by any very serious results. The animal begins to experience relief the instant the trocar is withdrawn; and by the time

the gas has all escaped the animal ceases to suffer. A purgative should never be given after this operation. The animal should be placed in a loose box and kept quiet for forty-eight hours or so, fed on proper food, etc., and given tonics, etc., to prevent a return of the disorder.

### ENTERITIS.

Enteritis is, in the lower animals as well as in man, one of the most serious and fatal of all diseases, and a well-marked case of enteritis in the horse is almost invariably fatal. It consists of inflammation of the bowels. Any one or more of the intestinal coats may be involved, but, as a rule, the inflammation is confined to the inner coat, or at least begins in the mucous coat, and extends to and involves the other coats of the bowel. The large intestines are most frequently involved, although inflammation in connection with the small intestines is by no means uncommon. In some cases only six inches, in other cases eight or ten feet, or a still greater length of bowel, may be involved in the inflammatory process. In many cases where death occurs very quickly after the appearance of the attack, great doubt may justly be felt as to whether a true inflammation existed, the inference being that in such cases death resulted from intestinal congestion, for the reason that an animal may pass from perfect health to death in a few hours. Hence it is claimed that a true inflammation could not be set up in the healthy parts in such a limited length of time. It is one of the most surely and rapidly fatal diseases to which horseflesh is heir, and, although very common, is by no means as common a disease as it is generally supposed to be.

*Causes.*—A great variety of causes operate in the production of enteritis, and some animals, as, for instance, weak and

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washy animals, are more subject to diseases of the digestive organs than more robust animals, and such may be considered as predisposed to enteritis. The disease may be caused by superpurgation, and also may occur as a result of either spasmodic or flatulent colic, although it is claimed by some writers that enteritis never follows those diseases. Croton oil was at one time a prolific cause of the disease. An over-accumulation of fæces in the intestinal canal frequently sets up irritation, which gradually increases and terminates in enteritis. Foreign substances, as sticks, sand, calculi, etc., passing through or becoming lodged in the intestinal canal, are very likely to cause an attack. Irritant poisons, drastic purgatives, the presence of any irritant in the intestinal canal, drinking stagnant or putrid water, diarrhoea, especially when of the inflammatory type, exposure to cold or being allowed to stand in draughts of cold air after sweating freely, or when considerably weakened or fatigued by exercise, a drink of cold water when the animal is in a heated condition, all operate in the production of enteritis. A mixture of bran with cold water is also a frequent cause of the disease. Intussusception, volvulus, etc., may also be considered as causes of enteritis. It is rarely, indeed, that a horse lasts longer than twenty-four hours from the appearance of the first symptom until death takes place, and often a case will terminate in gangrene of the bowels and death in four or five hours. Occasionally the patient may live for four or five days; such a case is always mild, and may occasionally be cured.

*Symptoms.*—In the early stages of enteritis the symptoms are very similar to those of colic and other painful bowel affections. In such cases as are not suddenly developed, slight but increasing dulness may be observed for a day or two preceding the attack. The animal then begins to show more or less uneasiness, and generally the first symp-

tom sufficiently marked to attract attention is pawing, which may be kept up for hours, the animal pawing with first one foot and then the other. Soon he may be observed to cringe and look at his side. Usually at this time the pulse may, on a close examination, be found to be slightly accelerated, beating perhaps at the rate of forty-five per minute, and is full and bounding; the mouth is warmer than natural, and the eye presents a more or less injected appearance. The animal now becomes more restless than ever, lying down and rolling, and at this stage of the disease performs both acts in as violent a manner as though suffering from an attack of colic. But as the disease progresses he becomes more careful in his movements, lying down and rising very carefully, and usually turns round two or three times before lying down. As the disease advances, the pain, which is evidently of the most agonizing character, increases, and when down he tries to roll upon his back and balance himself in that position, and it may also be observed that the animal uses every endeavour to prevent the abdomen from coming into contact with, or resting upon, the ground. He will occasionally turn on his side, but does not remain in that position for more than a few seconds, but rises, immediately begins looking at his side, and at once begins to turn round again and quickly lies down; the abdomen is tense and hard to the touch, and pressure upon it calls forth an expression of pain; cold sweats break out, the animal will not notice food or drink, and after awhile there may be noticed a peculiar sighing breathing, and perhaps a short period of quietude; the pulse becomes quieter, but still retains its full and bounding character. However, at a later stage of the disease it becomes small and wiry, showing that a certain amount of effusion has taken place. The eye now may very properly be described as bloodshot, the cornea becomes



glassy and amaurotic in appearance, the patient seems to be in a semi-unconscious condition, and wanders about his box taking no notice whatever of his surroundings. Soon there comes a period of quietude, which may be called the critical period of the disease. If the pulse at this time begins to recover its tone, it may be regarded as a sign of recovery; but if the pulse is weak and running down, the body and extremities cold, the mucous membranes blanched, the mouth cold and clammy, the case may be regarded as hopeless, the symptoms enumerated indicating that gangrene has attacked the bowels, which in consequence have become insensible to pain, hence it is that the patient stands quietly. At this time the attendants should be very careful as to how they approach the animal, as he may at any moment, without the slightest warning, fall as though struck by lightning, and, unless care is exercised, may fall upon and severely injure someone. The bowels are usually constipated throughout the attack, a few hard pellets of faecal matter covered with mucus, and sometimes blood in addition to the mucus, may be passed in the early stages of the disease. Frequent attempts to urinate should not mislead the practitioner as to the true character of the malady. The urine when passed is scant in quantity and of a heightened colour. All the mucous membranes are injected and reddened during the height of the inflammation, but gradually resume their normal appearance in cases which terminate favourably, and become leaden in appearance in cases which terminate fatally. It is possible for an animal to live for eight or nine hours after gangrene has set in, but usually death occurs in an hour or so. When diarrhoea is present, as a symptom, the practitioner may know that he has the worst form of enteritis to deal with, and the chances of a fatal termination are very great as compared with those of recovery.

*Treatment.*—The treatment of enteritis is anything but satisfactory—a cure being but very rarely effected. If the case be subjected to treatment in the earliest stages, and the animal is in a plethoric condition, a copious abstraction of blood may be attended with benefit. Fleming's tincture of aconite may be given frequently and in large-sized doses, ℥x.—xv., every two hours. Experience teaches that the horse will stand larger doses of aconite when suffering from enteritis than in any other disease. The most reliable remedy in the treatment of enteritis is opium, which is justly said to be the sheet-anchor in the treatment of this disease; opii pulv., ʒi., may be given every two or three hours, and serves the double purpose of keeping the bowels quiet and relieving pain—two very important points. In some cases the alkaloid may be given hypodermically. Some practitioners recommend placing the patient under the influence of chloroform; but the efficacy of chloroform in the treatment of enteritis is, to say the least, very doubtful. Enemas of tepid water may be given, but not nearly so freely as in colic. Counter-irritation to the abdomen is of undoubted value. Mustard, ammonia, hot water, etc., may be applied, and a pretty good surface should be invested. It is a point of the utmost importance that the patient be kept warm, especially during the winter; hence he should be judiciously clothed, and protected from draughts of cold air, but at the same time allowed plenty of fresh air; the general comfort of the patient should also be attended to. As a rule, purgatives are inadmissible; but occasionally a case may be met with in which a good oleaginous purgative may be productive of great benefit. When the disease has reached an advanced stage, and the inflammation has relieved itself by a copious exudation, the only chance of recovery depends upon the careful administration of opium in some of its forms, the powder being the best. Mild

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diffusible stimulants may also be given in conjunction with the opium. If recovery occurs, the animal should be fed on small quantities of easily-digested food, and used carefully for some time.

### VOLVULUS.

Volvulus is a condition not commonly met with, and consists of a portion of intestine becoming twisted in some way or other. It may be caused by colic, etc., particularly spasmodic colic. It may also be due to the presence of pedunculated mesenteric tumours, which press upon and interfere with the intestines. The ilium is most frequently affected, hence the name 'ilius' is sometimes applied to the condition. Young animals appear to be more liable to an attack, and suffer more frequently than old animals.

*Symptoms.*—It is almost impossible to form a correct diagnosis in this trouble. The symptoms are somewhat similar to enteritis, but are not so violent, and are more prolonged. The pulse may vary from forty-five to one hundred beats per minute. There is also a peculiar sighing, or catching of the breath. The usual symptoms of abdominal disease are present, as pawing, rolling violently, etc., and another symptom is sitting upon the haunches after the manner of a dog; when this symptom is seen, in forty-eight hours or so from the beginning of the attack, death is almost certain.

*Treatment.*—As a rule, treatment is of no avail. However, a case may occasionally be cured, the treatment consisting in the administration of opium to allay pain, in addition to which a dose of olive oil may be given. The animal should be kept perfectly quiet. When it is seen that a case is certain to terminate fatally, the animal should be destroyed to end its suffering.

### INTUSSUSCEPTION.

By intussusception is meant the slipping of a portion or whole of a bowel into the cavity of another bowel. There may be only two or three inches, or many feet, of bowel invaginated. It is a condition rarely met with, but when it does occur is very serious, and usually results fatally. It may occur in either the large or small intestines, although the latter in all probability are those most frequently involved.

*Causes.*—It is not always an easy matter to account for the occurrence of this condition. Violent intestinal contractions, such as take place in a severe attack of spasmodic colic, will produce it. It is of most frequent occurrence among young animals.

*Symptoms.*—The symptoms of intussusception are about the same as those of volvulus.

*Treatment.*—Treatment is the same as for volvulus, but is generally useless. Purgatives are inadmissible. Some practitioners recommend the performance of a surgical operation to relieve the condition—the method suggested being to cut into the abdominal cavity, and having searched for and found the imprisoned portion of bowel, to free it. Such an operation may be tried as a last resort for volvulus, as well as this condition; however, it is not likely to be successful. Sometimes the invaginated portion of intestine may slough off and come away with the fæces, and recovery take place.

### INTESTINAL TUMOURS, ETC.

Tumours of a small size sometimes exist for a long time within the intestines without giving rise to any inconvenience whatever; but as they increase in size they begin to cause more or less trouble, especially if the animal be

fed upon certain kinds of food. The intestinal passage finally becomes blocked, and death ensues. Abnormal growths, the result of a degenerative process, are occasionally found in the colon.

**Constrictions**, congenital cul de sacs, etc., are also occasionally met with in connection with the bowels.

**Hernia, Intestinal.**—By intestinal hernia is meant the passing of a portion of intestine through the mesenteric membrane. The resulting pain is not very great, but death is certain.

*Symptoms.*—The general symptoms of intestinal tumours, constrictions, cul de sacs, hernia, etc., are colicky pains. The patient paws and rolls, throws himself about, but not so violently as in a well-marked case of colic. The pulse is not so full and bounding as in a case of enteritis, and it gradually becomes quicker. There is always obstinate constipation. Sometimes the patient sits upon his haunches. The pulse becomes quick and weak, the eye takes on an amaurotic stare, the body and extremities become deathly cold, cold sweats bedew the body, and death soon follows. As a rule the animal lives for two or three days after the first appearance of the disease. During life it is impossible to tell exactly what the trouble consists of, and such knowledge can only be obtained by making a post-mortem examination, when some of the conditions above-mentioned, or an abscess as a result of irregular strangles, etc., may be found to have been the cause of death.

*Treatment.*—Opiates to relieve pain, and quietude; but death usually occurs.

### INTESTINAL CONCRETIONS.

Intestinal concretions, or, as they are frequently called, abdominal calculi, dust balls, etc., consist of formations or masses of hard material, usually round or nearly so in shape,

and formed of salts of lime, magnesia, hair, etc. The name 'dust ball' was given to these concretions from the fact that they are most frequently found affecting horses that are fed upon the sweepings of flour mills. These concretions are formed in the intestinal canal. Usually there is a piece of brass, iron, stone, oat, or something of that sort, which forms a nucleus around which foreign bodies collect and adhere, until the mass attains a large size and usually causes death. Sometimes calculi of an enormous size have been expelled from the bowels by the aid of enemata, etc., and the animal's recovery effected. Balls composed of hair are oftenest seen in pigs; are also found in cattle in connection with the reticulum; and occasionally a horse may have a hair ball. They are formed as a result of the common habit animals have of licking themselves and each other; a certain portion of hair being drawn away by the tongue and swallowed, until after a time a hair ball is formed of considerable proportions. These balls may exist within the intestinal canal for a very long period and not seriously inconvenience the animal; but when they attain any very great size they interfere with egestion, and finally, unless expelled, cause death.

*Symptoms.*—The animal manifests uneasiness, and appears to be suffering from an attack of colic, for which disease he may be treated, and recover only to be attacked again at some future time. A peculiar sighing sort of respiration may be noticed during the continuance of the attack; the pulse runs down; obstinate constipation is present; and inflammation may set in. The patient in this disease also shows the peculiar symptom of sitting upon his haunches—this symptom is to be regarded as a bad sign when occurring after the animal has suffered for any length of time, and it may be regarded as incidental to rupture; however, it is not to be regarded as an infallible sign of

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death. When the bowels become inflamed, owing to the presence of calculi, all the symptoms of enteritis are presented, as rolling, pawing, quick pulse, constant pain; cold sweats break out upon the body, and death follows.

*Treatment.*—The practitioner should carefully examine as to the state of the rectum. As a rule, removal of the contents of the rectum with the hand, or 'back-raking,' as it is commonly called, is not to be recommended, as it may give rise to a considerable amount of irritation, particularly if performed in a careless manner, or if the operator possesses a large hand. But back raking must be done under certain circumstances, and this is one of the conditions in which it may be productive of good results. Enemas of tepid water and soap should be freely given. In case there is much pain opiates should be administered, and the calculus may pass on until it enters the rectum and comes within reach of the hand, when injections of tepid water may be given to empty the rectum of feces, after which the hand and arm should be thoroughly lubricated with vaseline, lard, or olive oil, and a quantity of oil may also be forced into the rectum to lubricate its walls and facilitate the removal of the calculus. The hand should now be gently passed into the rectum and the calculus seized, and gently removed. Purgatives are inadmissible, inasmuch as they are likely to cause rupture of the bowels.

### CONSTIPATION.

Constipation may be a symptom of disease, as of enteritis, pneumonia, etc. It is also observed when intestinal concretions are present in the bowels. It is an undue accumulation of feces, and may be due to too great or rapid absorption of the fluids of the intestinal canal, as is often the case in febrile disorders. Derangement

of the liver, feeding on certain descriptions of food, as Indian corn, pea-straw, or any kind of very dry food, all tend to cause constipation. Another cause is feeding upon food of a highly nutritious character, as oats, beans, etc., and not allowing the animal a sufficient supply of coarse bulky food, as hay. Inferior food may also produce it. It may also follow indigestion, or any derangement of the digestive system. It is most frequently seen occurring in old animals.

*Symptoms.*—The condition as a rule is easily detected. There may be a slight diarrhoea at the commencement of the attack. This is about the only symptom that is likely to mislead the practitioner. The diarrhoea soon ceases, and if fæces are passed they are seen to be in hard pellets, and perhaps coated with mucus. The animal has a dull appearance, and is sluggish in his movements. Abdominal pain is manifested in the usual way, and may be caused by slight spasm. He rolls and paws, but not in the violent manner of colic; and it is evident that the pain is much less than in a case of colic. There may be slight flatulency, giving rise to tympanites, and explaining the presence of the pain. The fæcal matter usually accumulates in the large intestines: most commonly in the colon, and sometimes in the rectum, in consequence of which, and more particularly if the constipation be caused by inferior food, the intestines may become partially or wholly paralyzed and distended, the muscular fibres lose their contractile power, and the animal becomes totally unable to expel the fæces. A symptom often noticed when obstinate constipation is present, more particularly when in connection with the large intestines, is a tendency on the part of the animal to back his buttocks up against the wall or manger and press upon the parts, probably in an endeavour to relieve pain. Another symptom is more or less protrusion of the rectum,



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which may also be found to be in a highly irritable condition, caused by frequent straining on the part of the animal whilst endeavouring to expel the fæces.

*Treatment.*—The treatment of constipation must be prompt, energetic, and careful. A full dose of cathartic medicine should be exhibited, aloes being probably the best agent to administer under the circumstances. Carminatives should be combined with the purgative to prevent griping. Enemas should be freely employed, to remove all hardened fæces from the rectum and the colon. Nerve stimulants, as well as diffusible stimulants, will be found highly beneficial, particularly if the occurrence of paralysis of the bowels is feared. Tobacco smoke, enemas, or injections of a decoction of tobacco and lard, are of the greatest service. The hand and arm, after being well lubricated, may be passed into the rectum and the hardened fæces removed, if any are present. It may be necessary to remove the fæces with the hand every day for a week or two, if there is partial or complete paralysis of the rectum. Calomel or croton oil should never be used. In chronic constipation change the food, give roots, grass, etc., nerve stimulants, soda bicarb., tonics, etc.

### DIARRHŒA.

Diarrhœa consists of the passage of an undue quantity of liquid fæces. It is common amongst horses and cattle, and, in a majority of cases, occurs as a symptom of some other disease, as acute indigestion, enteritis, etc., but also occurs as an independent condition. There is always more or less congestion of the bowels in a case of diarrhœa.

*Causes.*—Diarrhœa may be caused by giving rich and succulent food to an animal that is not accustomed to it, the incautious use of purgatives is another cause, producing superpurgation, which is one of the worst forms of diarrhœa.

The use of stagnant or putrid water for drinking purposes, and grazing on a poor sandy pasture, in which case the animal usually swallows more or less sand, cause diarrhœa, as will the presence of any irritant within the bowels, as turnips, carrots, or any other roots, if mouldy, putrid, or frozen. Raw potatoes induce a very serious form of the disorder. Violent exercise may also be followed by an attack, probably as a result of indigestion. Simple diarrhœa is oftenest seen in horses of weak conformation, as those animals having weak loins, with a considerable space between the last rib and the antero-external spine of the ilium, a narrow flat-sided chest, etc.; such animals are commonly described as washy. Diarrhœa is not usually a fatal disease when it occurs in the simple and uncomplicated form, and often may be regarded as a curative process: inasmuch as in those cases where irritant substances, such as sand, etc., have been swallowed, diarrhœa may be regarded as nothing more than an effort of nature to expel the offending agent. Cases have been noticed in which as much as a pailful of sand was expelled from the bowels by this process. It is one of the most rapidly debilitating diseases with which the profession is acquainted. When a case of simple diarrhœa continues too long, or occurs in connection with, or as a sequel to, a debilitating disease, as influenza, pneumonia, etc., it becomes an extremely serious condition, and unless speedily controlled will undoubtedly result in the death of the animal.

*Symptoms.*—There is an undue quantity of fecal matter discharged, which, instead of presenting a normal appearance, is liquid, and may be ejected in a violent manner, or in some cases may be seen trickling down the legs, escaping involuntarily from the anus. After defecation, slight griping pains may be manifested by the animal; the pulse at first does not show much change, but if diarrhœa persists for a

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day or two the pulse becomes quickened and weakened, the ears, extremities, and body become colder than in health, and after awhile the animal may stagger in his gait. Excessive thirst is manifested, and anorexia, either partial or complete, soon occurs. If not checked it may terminate in enteritis, or death from exhaustion.

*Treatment.*—If possible, the practitioner should ascertain the cause of the trouble. If due to the presence of an irritant, it is not safe to check it suddenly, but in a case characterized by debility and weakness of an alarming character, it should be checked as soon as possible, regardless as to whether the whole of the irritant substance has been expelled or a portion is yet retained. If weakness be not too great, and it is suspected that the diarrhœa is a result of the presence of some irritant substance in the intestinal canal, it is good practice to administer a mild laxative, as ol. lini, ʒvi.—ʒviii., and in case much pain is manifested, opiates in the usual-sized doses may be added to the draught. If weakness be observable, a good diffusible stimulant, as spts. æth. nitrici, may be given with advantage. The ordinary colic draught will usually fulfil all the indications. Counter-irritation to the abdomen may be necessary in some cases. In cattle, magnesia sulphat. should be given in preference to any other laxative. In cases where great weakness is noticed, and it is evident that it would not be safe to administer a laxative, the discharge must be checked as quickly as is consistent with safety. For this purpose the practitioner may administer opii pulv. ʒi., or opii tr. ʒi.—ʒii., preferably in doses of ʒi., to be repeated at suitable intervals until the desired effect is produced. Catechu and powdered chalk are good also, and may be given in the ordinary quantities. An excellent draught is the following: opii pulv., camphoræ, rhei radix pulv., aa. ʒi., in a pint of ale, twice a day, or oftener,

according to the judgment of the practitioner and the urgency of the case. Cattle require relatively larger doses than horses. Flour, starch, etc., in water, are often used with good results. The inordinate thirst which generally accompanies diarrhœa should not be gratified, but the animal should be allowed regulated quantities of water with the chill taken off—flour, starch, opii tr., gentianæ, zingiber, etc., may be placed in the water. If the rectum is irritable, inject opiates to allay pain or relieve the irritation.

**Diarrhœa in Foals.**—Diarrhœa is of very common occurrence among foals, when they are only two or three weeks old, and may be caused by cold, exposure, fatigue, or by some peculiar condition of the mother's milk. In cases where the mother has received a dose of cathartic medicine and the colt has been allowed uninterrupted access to the milk, the young animal is almost certain to be attacked by purging, more or less violent.

*Symptoms.*—The symptoms are very similar to those of diarrhœa in the adult animal. The fæces are liquid and passed in excessive quantities, are of a yellowish-white colour, and usually mixed with little hard lumps. The colt rapidly falls off in condition, becomes hide-bound, the coat staring and dusty-looking, the belly tucked up, and griping, either of a mild or severe character, occurs. The patient may be observed to grate its teeth with pain; soon great weakness becomes manifest, the colt staggers in his gait, and, unless quickly relieved, dies.

*Treatment.*—The treatment of diarrhœa in foals is often difficult, as they do not stand medicine so well as adult animals. The following may be given to the foal if it is a good-sized, strong colt: *Ol. ricini*, ʒi.—ʒii.; *opii pulv.*, *rhei radix pulv.*, *cretæ præp.*, āā. grs. xx. The practitioner should, however, be very careful in administering opium.

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### DYSENTERY.

This disease, which is also known by the terms bloody flux, inflammatory diarrhœa, etc., consists of an affection of the mucous membrane of the intestines. No part of the intestinal tract is exempt from an attack, although the large intestines are more commonly affected than the small intestines. The disease is more commonly met with among cattle than horses, and oftenest seen in well-bred cattle; in such cases it is often found in connection with, or depending upon, a tuberculous diathesis. However, it may also occur as an independent affection, or as a result of some other disease, such as simple diarrhœa. The presence of irritants in the intestinal canal, as sand, poisonous substances, etc., will also cause it. It sometimes arises from grazing on marshy or wet lands, drinking impure or stagnant water, etc.

*Symptoms.*—As in the simple form of diarrhœa, the evacuation of fæces is of a liquid character, but tinged with blood, and on examination may be seen to contain shreds of mucous membrane. Griping pains are experienced by the patient, and partial or complete anorexia is an early symptom. Pyrexia becomes well marked, the pulse quickened, and the patient is possessed of an inordinate desire for water, more or less extensive ulceration of the bowels may take place and cause hæmorrhage, which in some cases

is very profuse and of an alarming character; the strength rapidly fails, the flanks present a hollow appearance, the countenance becomes haggard, the coat dry and hot, and death soon ensues.

*Treatment.*—The treatment, to be successful, must be prompt and energetic. A mild oleaginous laxative, as ol. lini,  $\text{ʒvi.} - \text{ʒviii.}$ , may be given, after which every endeavour must be made to check the diarrhoea, and obviate the danger of hæmorrhage. For this purpose prepared chalk, opium in its various preparations, diffusible stimulants—as ale, beer, whisky, etc.—may be administered. Some practitioners recommend the administration of ol. morrhue in small and repeated doses. Plumbi acet. is also recommended; it is a powerful astringent, and if given, it should be in doses not to exceed grs. xl. three times daily. Catechu, tannic acid, flour, starch, etc., are all used in the treatment of dysentery, but an astringent should never be given in the very early stages of the disease. If the practitioner succeeds in arresting the disease in its course, and the patient begins to improve, tonics should be given—any of the ordinary mineral or vegetable tonics will do; the food should be allowed in proper quantities, and should be of the most nutritious character, the drinking water pure, and the general health attended to.

### HERNIA.

A hernia may be defined to be a protrusion of the whole or part of an organ from its natural cavity. Abdominal hernia is a general term meaning protrusion of some of the intestines from within the abdominal cavity, either through a natural or an artificial opening, the latter form being distinctively known as ventral hernia. The other varieties of hernia are named from the parts in which they

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lie, as inguinal, umbilical, scrotal herniæ, etc. Herniæ are further divided into reducible, irreducible, and strangulated. Any condition that interferes with the circulation of the part causes strangulation. Inguinal and ventral herniæ are not so common among the lower animals as in man.

**Inguinal Hernia.**—Inguinal hernia is most commonly met with amongst stallions and young animals. It consists of the passage of a portion of intestine through the internal abdominal ring, and into the inguinal canal. In all probability this form of hernia is far more frequent than it is generally supposed to be, as it never interferes to any great extent with the animal, unless becoming strangulated. Sometimes the intestine passes down and becomes slightly strangulated, producing colicky pains. The animal rolls, gets up, and is all right—the intestine having returned to its place. Such an occurrence being frequent, should lead the practitioner to suspect the presence of hernia. It is, however, a somewhat difficult condition to diagnose, as there is no external sign of the existence of a hernia of this description, and the only way in which it can be detected is by a careful and thorough examination of the parts. Castration tends to prevent the occurrence of inguinal hernia, as then the inguinal canal becomes smaller, the spermatic cord retracted, etc. Hence it is of rare occurrence in the gelding, although it may occur both in the gelding and mare.

**Scrotal Hernia**—Scrotal hernia is most common among young animals, in which it is often congenital, being frequently seen at birth, or soon after; in such cases the condition generally ceases to exist when the animal has attained the age of eight or nine months, and frequently disappears within a much shorter period: hence it is better to leave such cases alone so long as they cause no inconvenience, and are likely to disappear of themselves. Scrotal hernia may exist for a great length of time without causing

very much inconvenience; but when it becomes strangulated or causes much inconvenience, it is necessary to treat it.

*Symptoms.*—It is frequently a matter of considerable difficulty to state positively whether hernia is present or not: the enlargement may be there, but is it intestine or something else? If it be a true hernia it will increase in size after a hearty meal. It is also influenced by the weather—heat, by relaxing the tissues, allowing the hernia to expand to its fullest extent; while cold causes it to contract. A diagnostic symptom is as follows: the practitioner should place the hand upon the suspected mass, taking a firm but gentle hold; an assistant should now be directed to cause the animal to cough. If it be a portion of bowel, it will be slightly drawn up when the animal coughs. It is usually soft and fluctuating beneath the fingers. It is caused by violence—such as may occur to stallions whilst covering mares, leaping, running, etc. In many cases a slight amount of manipulation is sufficient to return it to its place. It being so frequent in young colts, the practitioner should always examine for the condition before castrating the animal, as in case hernia be present, and proper precautions are not taken, the bowel may escape and descend even to the ground, in the event of which, great difficulty would in all probability be experienced in returning the intestine, securing it in its place, and curing the animal.

*Treatment.*—Various methods of treatment are pursued. For instance, some practitioners recommend the application of a bandage or truss, but such a procedure is objectionable on account of the difficulty attending its proper application, and retention afterward. Another, and a very good way, is to cast the animal, and by gentle manipulation, etc., return the intestine to the abdominal cavity; after which, take hold of the testicle, apply clamps over the scrotum and



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allow the mass to slough off. If, however, the hernia is of a very large size, the plan recommended by Professor Williams is a good one; but in cases where the hernia is of a very small size, the best operation is that known as the covered operation, and consists of cutting through the scrotum and the other coverings of the testicle until the tunica vaginalis is reached. This tunic should not be interfered with. The hernial sac being exposed to view, an incision must be carefully made into the stricture, discovered by means of the finger, after which the bistoury should be passed in through the opening and the stricture divided. In a great many cases the bowel will at once pass back into place of its own accord; if it does not, it must be returned with the hand. This done, the scrotum, with the cord, etc., should be placed in clams, the clams closed, and the mass allowed to slough off, during which process a considerable exudate is thrown out and new flesh is formed. Very good success in the treatment of scrotal hernia in colts may be had by simply puckering up the scrotum and stitching it to retain it in that shape. When clams are placed over the scrotum, they should not be put on too tightly, or sloughing will take place sooner than is desired; hence, as it is desirable for the process of sloughing to extend over a period of ten days or so, the clams if possible should be placed on in a rather loose manner, and prevented from slipping by passing a skewer through the tissues below. If a case of hernia is met with occurring in a stallion, after casting the animal and returning the intestine, clams may be placed over the scrotum beneath the testicles, a portion of the scrotum allowed to slough off, and relief afforded.

**Strangulated Hernia.**—When a portion of intestine protrudes from the abdominal cavity and becomes strangulated, the animal acts very much as though suffering from an attack of colic: pawing, rolling, turning his head to the parts, and,

in some cases, almost touching the scrotum with his nose ; sweats break out, etc.

*Treatment.*—Relief may occasionally be afforded by casting the animal, turning him upon his back, elevating the hind-quarters, manipulating the parts, etc. Taxis is recommended in the old works ; but it is objectionable for reasons that are obvious to every practitioner. In some instances gas is generated in connection with the strangulated mass, in which case the parts become troublesome to handle, and it may be necessary to puncture, using for the purpose the small trocar and cannula which usually accompany hypodermic syringes. If there is a well-marked constriction, which prevents return of the intestine, the stricture must be divided. Before operating, the animal should receive a day or two of preparation, by dieting carefully, etc., and if in very high condition, or carrying much surplus flesh, he may be given a dose of cathartic medicine and a few diuretic powders. In exceptional cases the clams slough off and the bowel escapes, the opening never having closed. Such cases are, however, very rare. In all cases the operator should be careful to not include a portion of the intestine within the clams. If such a thing should happen, the animal on rising will immediately show great pain, and must, of course, be recast at once, and the imprisoned portion of the intestine released, or the most serious results will occur. After operating, the animal must be kept standing quietly in the stable for a few days, after which he may be given walking exercise ; but no violent exercise should be allowed until recovery is complete.

**Umbilical Hernia.**—This form of hernia consists of the protrusion of a portion of bowel through the umbilical opening. Although umbilical hernia may exist in any animal, it is more frequently met with in young animals

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than any other. It does not, as a rule, appear to cause any inconvenience, and is generally reducible. There is danger of the hernia becoming strangulated ; but such danger is slight. It may often be reduced by pressure. It is recommended by some practitioners to apply a truss, or an ordinary broad bandage, extending around the body in such a way as to press upon the hernia ; the chief objection to these appliances being the difficulty of keeping them in place. Plasters have also been recommended, but may cause irritation. Another good pursued is to return the bowel, pass skewers through the skin, and apply a ligature around the skewer in the shape of the figure eight. Clams are also used. It may be overcome in all the ways mentioned. Another method, often practised with success, is to cut into the hernial sac, scarify the edges of the abdominal opening, bring them together, secure in place with catgut sutures, and place a bandage over all.

**Ventral Hernia.**—This variety of hernia consists of the protrusion of the whole or a portion of a viscus through an artificial opening in the walls of the abdomen. The protrusion may be very small or very large. It is very rarely caused by violent exertion, but occurs usually as the result of direct injury, such as being gored by a cow, or jumping fences and becoming impaled. The practitioner should always search for these enlargements when examining a horse as to soundness. In an old animal hernia may occur in consequence of the abdominal muscles giving way without any apparent cause for doing so. In opening abscesses in this region the practitioner should be careful, as in case hernia exists in connection with the abscess, the intestine may be wounded, and death of the animal result in consequence.

**Treatment.**—If small it is always advisable to refrain from treating this variety of hernia, unless it becomes strangulated, increases in size, or in some way interferes with the

animal or his usefulness. In case the owner insists upon an operation, the clamps should be used as a rule; but, if it is of large size, the best method of procedure is to cut into the abdominal wall, scarify the edges of the opening, bring them together, suture, and bandage; a cure usually results.

**Diaphragmatic Hernia.**—In diaphragmatic hernia the bowels pass through the diaphragm into the thoracic cavity. The condition, comparatively speaking, is rare. Cases have been observed, however, in which thirty feet of intestines had passed through the diaphragm. It may be caused by severe exertion, such as running, jumping, drawing very heavy loads, etc.

*Symptoms.*—The symptoms are not very plain, but such as are presented somewhat resemble those of enteritis; in addition to which there may be difficult breathing, very similar to that noticed in congestion of the lungs. This is caused by the presence of the intestinal mass in the thoracic cavity pressing upon the lungs and hampering them in their movements. The animal rolls about in agony; the body becomes bathed with sweat; the pulse is quick and weak, but sometimes may take on the character of the pulse of enteritis; the ears, body, and extremities become cold, and death takes place within a short time. Such a case may be mistaken for spasmodic colic, enteritis, etc.

*Treatment.*—It is almost invariably fatal, and treatment is of no avail.

### PROLAPSUS ANI.

This condition is also known as dropping of the fundament, protrusion of the rectum, etc. It may be caused by violent straining on the part of the animal, or by clearing out the contents of the rectum by a person possessing a large hand—particularly if the hand is not oiled, or the operation be performed in a violent manner. Anything

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that will irritate the rectum may produce this condition, as certain medicines, enemas, etc.

*Symptoms.*—A mass as large as the closed hand may be seen protruding. It presents a reddened appearance, and in cold weather quickly becomes gangrenous.

*Treatment.*—The protruding parts must be nicely bathed with warm water, and all hardened fæces removed from the rectum, preferably by means of warm-water enemas, but in case the enemas fail, the hand and arm should be well oiled and passed into the rectum, when all hardened fæces found therein should be carefully removed; after which, the protruding portion of the rectum should be gently forced back into place, the hind-quarters elevated, and the animal allowed very little food for a few days; and what is given should be of a laxative character, and readily digestible. If there is much irritation present, an enema of tepid water, with a small quantity of opii tr., should be given. Local applications of an astringent and anodyne character are also of great benefit, a very good application being the following: opii pulv., oak-galls, āā. ʒi.; adeps, ʒvi., to be applied a couple of times daily. This condition occurs in all animals. If a portion of the rectum becomes gangrenous, it should be removed by means of the écraseur.

### RUPTURE OF THE RECTUM.

Rupture of the rectum is quite a common injury, one prolific cause of which is the metal nozzle of the old-fashioned syringe. Mal-address in serving mares may also cause rupture of the rectum. There is a possibility of rupture in consequence of distension from gas; but such a cause rarely, if ever, operates in the production of the injury. It is a very serious injury, and, if occurring in the inferior part of the rectum, is almost certain to

cause death; however, if it is situated in the superior part of the rectum, and posterior to the peritoneal attachments, recovery may take place. But, if the rupture be situated anterior to the attachment of the peritoneum, death is almost certain to result. In either case, the practitioner, if he thinks there is any chance of saving the animal, should treat it.

*Treatment.*—The treatment consists in closing the rupture by means of the carbolized catgut suture. Give the animal very little food for a few days, and what is given should be nutritious and readily digestible. It may terminate in a recto-vaginal fistula if the patient be a mare, but death is the usual termination.

#### IMPERFORATE ANUS.

This is a congenital condition in which the rectum ends in a *cul de sac*, or blind pouch, and has no external opening, or anus. It is by no means uncommon amongst pigs, and may occur in all animals.

*Treatment.*—An artificial opening must be made in the proper place, the end of the rectum found, and drawn to the edges of the artificial anus, and stitched to keep it in place. Use some mild dressing, as white lotion or carbolic acid lotion, to keep down irritation. Keep the patient quiet, and generally in a few days he will be all right.

### CHAPTER XVIII.

#### Diseases of the Liver.

##### CONGESTION OF THE LIVER

Diseases of the liver are not quite so common in the horse as in the human being, although all the changes

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which take place in the liver of the human being have been known to take place in that of the horse. But the horse, leading a more natural life than man, very naturally suffers less frequently from this class of diseases than man. Diseases of the liver are hard to diagnose correctly. In post-mortem examinations we find well-marked signs of liver-disease in many cases where no symptoms were presented during the life of the animal. The general causes of liver-disease are : feeding the animal for a long time on a highly-stimulating diet, hard work, exposure to cold and heat, etc. If the lungs or heart are impaired, the liver also becomes affected to a certain extent. Derangement of the liver also occurs in many cases as a symptom of other diseases.

Congestion of the liver occurs as a symptom of other diseases, as mentioned above. When occurring in consequence of functional derangement of the heart and lungs passive congestion of the portal and hepatic veins exists; besides which, there may occur arterial congestion. It is most common in hot climates, and in horses that are pampered, and, having little to do, are fed upon food of a stimulating character.

*Symptoms.*—Affections of the liver, as already stated, are difficult to diagnose correctly, but the general symptoms of hepatic disease are usually well marked. In congestion the attack occurs rather suddenly, the animal becomes duller than usual, the bowels are observed to be in a disordered condition, and are perhaps alternately constipated and loose. Generally there is diarrhoea at the beginning of the attack; this is followed by constipation, the patient may have pretty severe colicky pains, and invariably turns the head towards the right side; the pulse is soft and weak in character, and all the visible mucous membranes are found to be of a yellowish tinge.

*Treatment.*—A full dose of cathartic medicine should be given. Calomel should not be administered in this condition. Give easily digestible food, and diet carefully. Magnesia sulphat.  $\mathfrak{z}i.$ , aqua q.s., may be given night and morning for a few days. Congestion may end in inflammation of the liver. It is a common disease of sheep, and arises from feeding on a stimulating diet, as roots, etc. In sheep the symptoms are anorexia, which may be partial or complete. The animal usually remains in pretty good condition, when suddenly death occurs, and a post-mortem examination shows congestion of the liver to have been the cause of death. The treatment consists in giving the sheep a mild laxative, as magnesia sulphas.  $\mathfrak{z}ii.$ — $\mathfrak{z}iv.$ , aqua q.s., and dieting the animal carefully. A course of potassæ iudid. is also useful; but sheep cannot be treated satisfactorily, as they do not stand medicine well in comparison with the other animals.

### HEPATITIS.

*Definition.*—Inflammation of the liver. It is more likely to follow congestion of the liver than to occur as a result of anything else. It is possible that it is sometimes produced by feeding on coarse and inferior food. It may occur in either the chronic or acute form, and may involve a part or the whole of the gland. When the whole of the liver becomes inflamed, as a rule, a speedy and fatal termination may be expected; where only a part of the liver becomes inflamed, while it constitutes a serious condition, recovery may still take place.

*Symptoms.*—The animal is dull and languid, the coat staring, dry and dusty in appearance, the pulse quick and weak, and the bowels are constipated; the fæces are devoid of colour, and in appearance like clay; the appetite is lost, but thirst is increased; the animal lies down, rolls, but not



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in as violent a manner as when suffering from colic; the breathing is quickened, the urine scanty, and often tinged with bile; the animal rises from the ground only to lie down again a few minutes afterwards; the acute symptoms may pass off, but more or less fever remains. The patient at this stage of the disease manifests extreme weakness, the mucous membranes have a yellowish tinge, and, in white-skinned animals, the skin takes on a yellowish hue; the brain may become affected sympathetically, and slight attacks of vertigo may be frequent; the fæces and urine remain in the condition described above, and lameness may also be present in the off fore-leg as a symptom.

*Treatment.*—The treatment of hepatitis is somewhat similar to the line of treatment pursued in congestion of the liver. Some practitioners advocate the practice of phlebotomy in the treatment of this disease; but it is not to be recommended. As a rule a moderate dose of cathartic medicine may be given, conjoined with nervines, and mild diffusible stimulants, if the pulse indicates their administration; if not, a sedative may be given with benefit. Slight counter-irritation, as a mustard-plaster over the region of the liver, is of great service. In some cases, when the acute symptoms have disappeared, potassæ iodid.  $\mathfrak{z}\text{i}$ . may be given three times daily. The food should consist of nutritious and easily digestible material. Scalded bran is a very good description of food for a day or two. In those cases caused by high feeding the food should be reduced in quantity. The feeding of roots, as carrots, etc., is usually attended with gratifying results, and a run on grass is highly beneficial. The horse must be used very carefully for a long time after recovery. The disease is most likely to occur in the chronic form.

### JAUNDICE.

Jaundice, or, as it is very commonly called, 'the yellows,' is probably the most common of all conditions depending upon a disordered state of the liver. It is very common amongst highly-fed and pampered dogs. It is not by any means a rare condition among horses. It can scarcely be regarded as a disease, as it is more properly a symptom of some of the diseases of the liver. It is, however, very generally spoken of and regarded as an independent disease of itself. It is often seen occurring as a sequel to debilitating diseases, as influenza, strangles, etc., and may be due to a stoppage of the bile ducts, biliary calculi, etc. It may also occur as a symptom of torpidity of the liver. The principal symptom is the unnatural yellowness of the skin, and all of the visible mucous membranes. Any disease of the liver may give rise to this jaundiced appearance, as over-stimulation of the gland, by feeding largely, and giving insufficient exercise. Suppression or non-secretion of bile, in consequence of inflammation or functional inactivity of the gland itself, or the presence of any obstruction preventing passage of the bile through the ducts, may result in absorption of a portion of colouring matter, which, entering the blood, is distributed throughout the body, giving rise to the characteristic yellowish tinge. The urine is usually highly coloured with bile, the coat dry and staring; the animal exhibits considerable dulness and lassitude; and in the dog the tongue is furred, the breath offensive, etc. There are tests by means of which the practitioner can ascertain to a certainty whether the condition is caused by obstruction of the ducts, or is due to functional inactivity of the gland. Harley's test is as follows: Take of acid sulphuric fort. 3i., loaf sugar a sufficient quantity; add the urine to the sugar, then add the sulphuric acid slowly, and, if the

trouble is due to obstruction, the mixture will become a scarlet or purple-red at the line of contact ; but if a brown colour be presented at the line of contact, proof conclusive is obtained that the trouble is due to suppression. This test is thoroughly reliable.

*Treatment.*—If the test reveals nothing more than functional inactivity of the liver, an aloetic or oleaginous cathartic, combined with calomel, should be given. In case the test indicates obstruction, the administration of liver stimulants is contra-indicated, as likely to be productive of harm.

### CIRRHOSIS.

Cirrhosis, or Induration of the Liver, may occur as a result of hepatitis, but its most common cause is feeding on coarse or inferior or damaged food, particularly poor hay, sudden and frequent changes from food of a poor quality to a highly stimulating diet, etc. It is of greatest frequency amongst old animals. In man the same condition follows the long-continued use of alcoholic stimulants, hence it has been called gin-drinker's liver.

*Symptoms.*—The symptoms are those of general liver disease, the animal gradually falling off in condition ; the coat becomes staring, dry, and dusty-looking ; clay-coloured and very fetid fæces are passed ; there is a weak pulse, and at first a variable appetite, which gradually fails until anorexia becomes complete ; the animal becomes greatly emaciated, and as a rule persistently retains the standing posture to the last, lingering along until finally death takes place. The mucous membranes, and, if the horse be white, the skin, take on a well-marked yellowish tinge. On placing a small portion of the fæces on a piece of white paper, a stain will be left similar to that of opium.

*Treatment.*—Great difficulty is generally experienced in

arriving at a correct diagnosis, mistakes are frequent, and the patient usually dies. Sodium, or magnesia sulphat., should be given in judicious quantities; mineral acids should also be tried, and followed by a course of tonics. The food must be changed, and should consist of the best quality, given in proper quantities and at regular intervals; exercise, if not over done, will be very beneficial; a radical cure can never be made, but the patient by proper treatment may be greatly benefited.

**Rupture of the Liver.**—If the rupture be one of considerable extent, death will surely result within a short time; but if the rupture be of small size, and the capsule remains intact, recovery may take place. It is almost impossible to diagnose the condition; the treatment would be the internal administration of styptics, perfect quietude, a course of mineral acids, proper dieting, tonics, etc. The animal shows more or less pain; the pulse is found to be irregular, and rapidly running down. In cases where there is much internal hæmorrhage the mouth is cold and clammy, the body and extremities become very cold, the mucous membranes become blanched, cold sweats bedew the body, and as a rule death quickly occurs.

### ROT IN SHEEP.

The condition known as rot in sheep is due to the presence of a parasite ('*Distoma hepaticum*'), or common liver fluke; it occurs very rarely in the horse, or other animals except cattle and sheep, the latter suffering most frequently. These parasites vary in size, from one-half to rather more than one inch in length, and are sometimes met with two-thirds of an inch in width: they live on the tissues of their host, and consequently may produce fatal results. They are the cause and not the result of disease,

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as some suppose them to be. On an examination being made of the bile ducts of an affected animal, great numbers of these parasites may be found choking up the ducts, and surrounded with masses of ova, which gradually descend into the intestines, and are passed out with the faeces, after which they obtain an entrance into the soft-bodied mollusks found in stagnant waters; thus it is that a wet season is so favourable to the development of these parasites; a dry season being disastrous to the development of the ova. The embryos are found to acquire considerable activity in the water, but pass into the mollusks, as stated above, and become encysted. The parasite reaches its host again when the sheep drinks the water containing the mollusk. The body of the mollusk on reaching the stomach of the sheep becomes dissolved, the hydatid escapes, reaches the liver, and deposits its ova, which go the same round of existence.

*Symptoms.*—The animal shows dulness and inactivity in a well-marked degree, and there is a yellowish tinge of the mucous membrane covering the sclerotic coat of the eye, best seen when the eyelid is pushed back. The abdomen becomes large and pendent, constituting the condition commonly called 'pot-belly,' the back becomes razor-like, the flanks tucked up, and there may be observed a strong tendency to dropsical swellings in different parts of the body, and more especially about the throat; the animal's thirst is insatiable, and the pulse is quick and weak. Anæmia is a prominent symptom; the breathing is quick and short, and perhaps there is a slight cough, which may partly be caused by husk or hoose. The animal suffers from diarrhoea and great weakness, followed by stupor and death.

*Treatment.*—Early removal of the affected sheep to another pasture is imperative. A laxative should be administered, and the patient allowed plenty of food of a highly nutritive character, such as pea-meal, oil-cake, etc. It is essential

that the animals be placed upon a very dry pasture, and watered from wells of considerable depth, to obviate the possibility of a further acquisition of parasites. As tonics, ferri sulphat., sodium chlorid., gentiana, etc., may be given with benefit. In making a diagnosis, the practitioner should not omit an examination of the fæces for the presence of the parasite, or the ova, in a case of doubt. In Australia, where there was formerly much of this disease, there is now very little, on account of the pastures being burnt over. The disease exists on the American continent, but so far has done very little harm.

#### BILIARY CALCULI.

Biliary calculi occasionally exist in connection with some of the ducts, and are formed in the same manner as calculi occurring in any other part of the body. They do not occur with as great frequency among the lower animals as amongst the members of the human family. They are most likely to occur in an animal receiving a large supply of highly-stimulating food, and insufficiently exercised. When present in large numbers, they give rise to pain of a most excruciating character, and cause more or less dilatation of the ducts, obstructing the flow of bile, etc. Occasionally they may exist in large numbers, without giving the slightest indication of their presence, apparently giving rise to no inconvenience whatever. Such cases, however, are rare. There is generally more or less indigestion, slight gastric irritation, and a yellowish tinge of the mucous membranes. The presence of the calculi may cause ulceration of the duct.

*Treatment.*—The animal should be given a course of mineral acids. Acid hydrochlor.,  $\mathfrak{z}\text{ii}$ .— $\mathfrak{z}\text{iii}$ ., well diluted, should be given two or three times daily. The diet should

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be good, and of a laxative character. Very little more can be done but to exercise patience, and in course of time the calculi may, and very often do, pass down into the intestines, and escape in company with the fæces.

**Liver.**—Other conditions of the liver also occur, as ‘atrophy,’ or wasting of the gland; ‘hypertrophy,’ or an abnormal enlargement of the liver. Abscesses, tumours, etc., may also occur in connection with the liver; but as these conditions have no well-marked symptoms peculiar to themselves, it is impossible to arrive at a correct diagnosis in all cases. Melanotic tumours occur in connection with the liver, and give rise to the general symptoms of liver disease, as gradual falling off in condition, irregularity of the bowels, a yellowish tinge of all the visible mucous membranes, etc. If these symptoms occur in a gray horse, particularly one advanced in years, and melanotic deposits are visible on any portion of the body, the practitioner is generally safe in diagnosing the case as one of melanotic tumour in connection with the liver.

*Treatment.*—As a rule, treatment of the conditions above spoken of is useless. The only thing that can be done is to get the system of the animal in as good condition as possible. The food should be of a nutritive and laxative character. Tonics, etc., may also be tried.

## CHAPTER XIX.

### Diseases of the Spleen and Pancreas.

#### CONGESTION OF THE SPLEEN.

The spleen is the largest ductless gland in the body. Its functions are not very well understood. Physiologists term it the grave of the red corpuscles, from the fact that large numbers of broken-down red corpuscles are

here found, and that large numbers of white corpuscles are continually passing away from it to enter the general circulation of the body. The whole of the gland may be removed from the body, and the animal not only live, but grow fat, developing an enormous appetite, but usually dies of apoplexy in course of time. Diseases of the spleen are not very common, but in all probability the gland suffers more frequently from disease than is generally supposed. It is undoubtedly more or less affected in all cases of 'miasmatic fever,' in 'splenic apoplexy,' and in 'Texas fever.' It is more liable to suffer from hypertrophy than from any other condition. Congestion of the spleen may take place, and run on until complete disintegration of the gland results.

In congestion of the spleen the organ becomes engorged with blood, and death may result very quickly, or the animal may live for several days, and die; in other cases recovery may eventually take place.

*Symptoms.*—The symptoms of the condition as occurring in the ox are a weak and rapid pulse; the animal rolls and stamps violently, bellows, and evidently suffers pain of a severe character. He becomes gradually weaker, and may die within a few hours.

*Treatment.*—It is doubtful if treatment is of much efficacy, and any that may be employed should be more for the purpose of relieving pain, etc., hence opiates should be given. Aconite, in ordinary-sized doses, may also be of service. Each symptom, as it appears, should be combated according to its indications. Horses suffer with congestion of the spleen more frequently than other animals. The symptoms are, however, very vague and uncertain, and frequently it is impossible to tell what is the matter with the horse. It is most common in the Southern States of America, and on removing the animal to the North, or to



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### SPLENITIS.

Splenitis, or inflammation of the spleen, is not very common, yet is occasionally met with affecting the horse, and is very likely to terminate fatally.

*Symptoms.*—The symptoms are often very similar to those of colic, but not so alarming in appearance, or so well marked as the symptoms of colic. There is a quick pulse, which, as a rule, is weak also. The animal at first shows more or less dulness, the ears droop, and the head hangs down—symptoms characteristic of debility and approaching dissolution. The respirations become increased, and the belly is tucked up. The condition is most frequently met with during the summer season.

*Treatment.*—Opiates should be given to relieve pain; counter-irritants should be applied over the region of the spleen, and a considerable surface invested. Any other symptoms should be combated as they arise, and according to their indications, and occasionally a cure may be effected. The spleen suffers far more frequently from chronic diseases than from acute diseases; it is liable to hypertrophy, as are all of the ductless glands. Rupture of the spleen may also occur, and causes death very quickly.

### HYPERTROPHY OF THE SPLEEN.

The spleen may become enormously enlarged—in some cases attaining a weight of seventy or eighty pounds. Hypertrophy usually occurs as a result of some previous disease of the gland, particularly as a result of malarial diseases, and is most commonly met with in the Southern States of America, and in malarial or low-lying swampy districts.

*Symptoms.*—Negative symptoms, or the absence of disease in any other part, will assist the practitioner in arriving at a correct diagnosis. As positive symptoms there may be mentioned a peculiarly dull and languid appearance of the animal, unthrifty coat, falling off in condition, and the pulse may be slightly faster than normal.

*Ossification.*—The spleen also occasionally undergoes ossification, first becoming of a cartilaginous consistency.

*Atrophy.*—Atrophy, or wasting of the spleen, is occasionally seen.

*Melanotic Deposits.*—Melanotic deposits are sometimes found to exist in connection with the spleen; in fact, there is no portion of the body exempt from them.

*General Symptoms.*—The general symptoms of disease of the spleen are as follows: falling off in condition, which continues until the animal becomes frightfully emaciated, the pulse is slightly quickened and weak, the coat remains almost as sleek and smooth as in health, the appetite fails, the animal becomes weak, and is languid in all his movements; there may also be a slight fever, especially where the splenic trouble depends upon malaria; enlargement of the spleen occurs, and if well-marked it can be detected by a manual and visual examination of the region in which it lies; the breathing may be slightly quickened, and in some cases the bowels exhibit more or less irritability, and the animal cannot be got into good condition.

*Treatment (general).*—Treatment of the above-mentioned conditions is, as a rule, unsatisfactory. A dose of cathartic medicine may be given, and a change of food ordered. If enlargement of the spleen is suspected, the various preparations of iodine are likely to be of service. Potassæ iodid. should be freely given; but more good results from a change of climate than from anything else.

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# SPLENIC APOPLEXY.

Splenic apoplexy in cattle comes under the head of anthrax. It is one of the most interesting to the veterinarian, as well as one of the most common and fatal diseases to which cattle are subject. It consists of an enlarged condition of the spleen in consequence of the influx of a large amount of blood, which, entering the gland, interferes with its functions. It is due to the presence, in a large majority of cases, of minute organisms, or bacteria, in the blood, yet the presence of the bacteria cannot be demonstrated in every case of splenic apoplexy. In such cases it is most probably due to irregular feeding, or feeding on inferior or damaged food, and causing the animal to drink impure or polluted water, sewage, etc. It is essentially a blood disease, the various constituents of the blood being altered, both as regards quantity and quality, and the blood as a whole undergoing a most remarkable change in appearance. The disease is characterized by its sudden attack, short duration and usually fatal termination, and its communicability by inoculation.

*Symptoms.* — The symptoms are, as a rule, suddenly developed, and very alarming in character. An animal may be left at night in apparently a state of perfect health, and found the next morning dead. In some cases the disease comes on more gradually; the temperature becomes elevated, but such a symptom would never be observed unless in connection with something else. The ox suddenly refuses his food, and ceases to ruminate. There may be a well-marked chill. The animal shows more or less uneasiness, which increases. Perspiration breaks out in patches over the body. The urine is scanty and of a very high colour. The pulse is very rapid and weak. Great debility quickly supervenes—the patient now beginning to stagger

in his gait. The breathing is quickened, and in some cases appears to be difficult. The animal may strain violently in voiding feces and urine. The brain seems to be affected in various ways—sometimes the animal quickly becoming comatose, and dying; in other cases the patient may bellow with pain, etc., froth at the mouth, and die in convulsions. Occasionally a recovery may occur without any treatment whatever being adopted.

*Treatment.*—In cases where the malady appears in a fully-developed and well-marked form, treatment is of no avail—for the reason that it runs such a rapid course, that the proper medicinal remedies do not have time to exert their physiological effects before death occurs. And in those cases that are prolonged for several days, and finally recover, it is probable that nature plays the most important part in bringing about recovery. Any extravasations which may be present should be dressed with very hot water, and carbolic oil applied afterwards; and a stimulating liniment may be applied to the healthy tissue in the neighbourhood of the gangrenous patches, if any are present. In this way, sloughing of the dead tissue may be more quickly induced. Prof. Williams recommends the administration of potassium chlorate in doses of ℥iii.—℥iv., three times per day. Carbolic acid, it is claimed, is also of considerable benefit. An oleaginous laxative may also be given. The food and water should be changed, and it is important, as quickly as possible, to separate the healthy from the affected animals. The disease is communicable to man, hence the veterinarian should be very careful.

**Pancreas.**—Diseases of the pancreas are rare in man and beast. Among the lower animals, the dog is about the only one to suffer. Pancreatic disease may exist for a considerable length of time, and finally cause death without the

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true nature of the disease ever being discovered or suspected, until a post-mortem examination is made. Hence it may be seen that the symptoms are very vague and uncertain. When the secretions of the pancreas are impaired, either in quality or quantity, the fatty principle of the food is passed in an unchanged condition, constituting what are known as fatty stools. This is the principal symptom of pancreatic derangement, and is most frequently seen in the dog. The occurrence of pancreatic calculi has been observed in the ox, but the symptoms are very obscure. Animals drinking water in limestone districts are subject to urinary calculi, and possibly the same cause may operate in the production of calculi in connection with the pancreas.

*Treatment.*—The treatment consists in a change of food and water, placing the animal on a course of the mineral acids, and the subsequent administration of tonics, etc.

## CHAPTER XX.

### THE OX.

#### Diseases of the Stomach, Intestines, etc.

##### TYMPANITES.

Tympanites, or, as it is frequently called, 'hoven,' 'dew-blown,' etc., is a very common condition affecting cattle, and consists of distension of the rumen with gases; the gases generated being sulphuretted hydrogen, carburetted hydrogen, carbonic oxide, etc., generated by fermentation of food, which may be due to the character of the food, or may be caused by functional derangement of the rumen.

*Causes.*—Tympanites may occur as a symptom of choking in the ox, and in such cases the condition appears very quickly. It also occurs in connection with parturient fever and chronic indigestion; frozen, or partially decomposed

roots, or inferior food of any kind, as mouldy hay or grain, will also cause it. Foreign bodies in the rumen, as rags, old bits of leather, etc.; diseases of the liver; clover, frozen to a slight extent, or in a damp condition, and eaten, frequently give rise to the condition. Particularly is this the case in England and Scotland. On the American Continent, however, wet clover is not a very common cause of tympanites, but it may readily be produced by feeding on slightly frozen potatoes or turnips, or by allowing a rich diet in too great quantities when preparing an animal for show purposes. Feeding on kitchen refuse, slops, and potatoes, is the most common cause of hoven in towns. When occurring in an acute form, it does not arise from any diseased condition of the rumen itself, but is always due to the evolution of gases caused in some of the ways previously described.

*Symptoms.*—The symptoms are easily detected, and in many cases are of a very alarming character. The animal evinces more or less uneasiness, moves about from side to side, resting first upon one set of limbs, then changing to another set. Sometimes the animal gives vent to low bawls, at intervals of a few minutes. There may be eructations of gas. The left flank begins to enlarge gradually, but sometimes rises very rapidly until the side is forced up higher than the highest point of the lumbar spines, the antero-external spine of the ilium disappearing from view. There will now be a slight, or in some cases a copious, flow of saliva from the mouth. At this stage suffering of a severe character is manifested, the respiration is seriously interfered with, and the patient gives vent to a series of short grunts during expiration, persistently retains the standing posture, and manifests great unwillingness to move in any direction. Death usually ensues from asphyxia in those cases that terminate fatally. Sometimes death results from rupture of the diaphragm, or the rumen may

be ruptured ; rupture of the rumen is, however, very uncommon. In the latter stages brain symptoms are presented. The eyes protrude and are reddened in appearance. The tongue also is allowed to protrude from the mouth. The animal becomes excitable, and then delirious, falls or lies down, and dies within a few minutes.

*Treatment.*—The treatment of hoven should be prompt and energetic. Those remedies which unite chemically with and destroy the gases generated, and prevent the further generation of gases, should be employed. Ammon. carb.  $\zeta$ ss.— $\zeta$ i. in water will very frequently have the desired effect. The following draught is also of great service in many cases: ol. terebinth.  $\zeta$ i.— $\zeta$ iv., ol. lini.  $\zeta$ viii— $\zeta$ xvi., and follow with magnesia sulphat. lb. i.—lb. ij., aqua q. s. to dissolve. Chlorinated lime, potassæ chlorat., etc., are all of great excellence ; but the oleaginous draught above mentioned is preferable to all others. If the animal be seriously swollen, and it becomes evident that unless relieved death will occur before the medicines given can take effect, the condition must be relieved by passing the hollow probang into the rumen and allowing the gas to escape through it. Or, what is still better, by using the trocar and cannula to puncture the rumen, after which the trocar should be withdrawn, and the cannula allowed to remain until all the gas has escaped and the abdomen returned to its normal proportions. The operation should not be too long deferred, but should be performed while the animal has plenty of vitality. What is usually sold by instrument dealers as a cattle trocar is objectionable on account of its size, the ordinary horse trocar being preferable. The hollow probang is also good in cases where there is no great amount of ingesta in the rumen. After getting rid of the tympanitic condition a full dose of cathartic medicine should be administered, in combination with stimulants, as ammonia,

whisky, etc. In tympanites produced by kitchen refuse, it becomes necessary to watch the case for a day or two, to prevent a return of the condition, and give tonics, etc.

### IMPACTION OF THE RUMEN.

This condition consists of the presence within the rumen of an excessive quantity of food, which, becoming impacted, partially or completely paralyzes the coats of the rumen. The impaction may be the result of one excessive meal; or may be due to the gradual accumulation of food in the rumen. It may be caused by the owner, through mistaken kindness, feeding the animal largely, perhaps in compensation for a day or two of fasting. In some cases as much as one hundred and fifty pounds of food may be impacted within the rumen of an ordinary-sized ox.

*Symptoms.*—The condition may exist for several days before giving rise to any well-marked symptoms. About the first symptom noticed is either increasing dulness or uneasiness on the part of the animal. If a milch cow, she shows a falling off in the quantity of milk; the pulse is quickened, and rumination ceases; respiration is also quickened; the muzzle of the animal is usually found to be dry and hot, and the coat harsh, dry, and dusty in appearance. On making an examination of the region of the rumen, in many cases it may be seen to be slightly distended. This symptom, however, is not always present. The practitioner, by pressure upon the rumen, may satisfy himself as to its condition. If very full, the indentation caused by the pressure of the fingers upon the part will remain for some time after the hand is withdrawn. The rumen has a sort of doughy-feeling under the fingers. There will usually be observed a flow of saliva from the mouth, and occasionally the condition may be mistaken for a case of choking—such



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a mistake being very easily made by an ignorant or inexperienced person. It is a very serious but by no means uncommon condition. On percussion the resonant sound given out in tympanites is found to be absent, and instead there may be heard a dull dead sound. As the case progresses and becomes worse, the pulse increases in frequency, the respirations become hurried, and the animal gives vent to a sort of grunt at the end of each expiration. Occasionally, when the rumen is crammed to overflowing, there may be a slight regurgitation of food.

*Treatment.*—The treatment consists in the administration of powerful doses of cathartic medicines in conjunction with stimulants. Magnesia sulphat. is perhaps the best cathartic for an or, and in certain cases where it is desired to produce a speedy action of the bowels, ol. tigllii et hydrarg. subchlorid may be given. Aloes may also be given in combination with magnesia sulphat., and frequently the addition of nux vomica is attended with great benefit. If the contents of the rumen cannot be removed by medicine, the operation of rumenotomy must be performed, and the impacted mass within the rumen removed mechanically. The operation is performed in the following way: make an incision on the left side in the same place usually selected for the operation of paracentesis abdominis. The incision should be of considerable size, and made with a sharp scalpel. The common integument and muscular tissue should be divided first, after which, a smaller incision should be made through the walls of the rumen. A napkin or cloth should now be placed in such a way as to prevent the ingesta falling into the peritoneal cavity. The greater part of the ingesta should now be removed, after which the lips of the wound in the rumen should be drawn together and secured in place by carbolized catgut sutures; after which, the external wound should be closed in a similar

manner, but preferably with silver-wire sutures. As a rule, if the operation be properly performed and not too long deferred, it is successful. Occasionally abscesses form, and when they do, should be treated as though occurring in any other part of the body. After performing the operation a mild laxative and stimulant should be administered, and the animal encouraged to take food; but he should not be allowed to take too great quantities of food or drink, and should not be worried by the too frequent administration of medicine, as the system is not in a condition to stand it, and much harm may result. Gruel, ale, whisky, etc., may occasionally be given to rouse the system. Enemas of tepid water are useful, both in connection with the treatment pursued before and that pursued after the operation of rumenotomy has been performed.

#### VOMITION.

Vomition takes place readily in the ox, and is sometimes seen as a symptom of some irritation of the rumen, or may occur in consequence of the presence of foreign bodies in the rumen, or reticulum. All who are acquainted with the habits of cattle know that they have a great fondness for chewing and swallowing all sorts of things. Old shoes, scissors, etc., have been found in the rumen; and a case is recorded in which a snake three feet eleven inches in length was drawn out of a cow's mouth. It is possible for a portion of the food to remain in the rumen for six or seven weeks. This has been proved conclusively. Any of the causes mentioned above may induce vomition. A tumour in connection with the rumen or reticulum may also give rise to vomition.

*Treatment.*—A laxative should be administered, and followed by soda; and in some cases that are obstinate, and in

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which vomition continues in spite of all treatment, rumenotomy should be performed if the presence of a foreign body in the rumen be suspected. Acid. hydrocy. is very useful to check obstinate vomiting, but must be used very carefully.

**Hair Balls.**—Hair balls have been referred to before. They may be found in the rumen, but are more likely to be found in the reticulum. They are formed of hair, and usually caused by animals licking each other; but they have been found in calves a few days old. They gradually increase in size, and finally cause great irritation, giving rise to symptoms similar to those caused by the presence of any other foreign body. The treatment is the same also.

### IMPACTION OF THE MANYPLIES.

This condition is also very commonly called 'fardel-bound.' The omasum is to all intents and purposes paralyzed. It may occur as an independent disease; or may occur as a symptom of some other diseased condition. Hence, although a post-mortem examination may reveal inflammation, or impaction, of the manyplies, the practitioner should not jump at the conclusion that either of these conditions was the immediate cause of death. The food becomes tightly impacted between the leaves.

**Causes.**—Impaction of the manyplies may, as stated above, occur in consequence of the presence of some other disease, more particularly if chronic. Its secretory power becomes lost, and the food dries up and becomes impacted. It may also be caused by feeding on too dry food, or inferior food which does not contain nutriment in proportion to its bulk; and it may also be due to an insufficient supply of good water, etc.

**Symptoms.**—Usually the first symptom observed is loss of

appetite, the animal appears slightly duller than usual, and, if a milch cow, she does not yield the usual quantity of milk, this symptom being, as a rule, one of the earliest presented. As a rule, the bowels are constipated, but sometimes there is slight diarrhœa, the pulse is quickened, the bases of the horns are hotter than usual, or alternately hot and cold, the muzzle is dry and hot, and the breathing quickened to a considerable extent; as the disease advances all of the above symptoms become increased in severity, and the animal now gives vent to a grunt at the end of each expiration, or may occasionally moan slightly. The patient may become excited in some cases, or even delirious, and, unless relieved, soon dies.

*Treatment.*—As a rule, a powerful dose of cathartic medicine should be administered as quickly as possible, in conjunction with a nerve stimulant, and followed with diffusible stimulants, as ale, whisky, etc. If much pain be present, opiates are to be given. In those cases where impaction of the manyplies results from inflammation of the true digestive stomach, powerful purgatives should not be administered. In such a case, however, an oleaginous draught, with a proper proportion of tr. opii in it, may be given. As a tonic, during the convalescent stages, quinia sulphas  $\mathfrak{z}$ i.— $\mathfrak{z}$ ii. may be administered, twice daily, for a few days. Enemas of tepid water containing a proper quantity of sodium chlorid., in solution, may be freely used during the acute stages of the disease, and are highly useful both to remove any hardened feces that may be contained within the rectum, and to stimulate the bowels to action. Most cases of fardel-bound are in reality cases of abomasitis, or result from abomasitis.

**Colic, Spasmodic.**—Cattle rarely suffer from spasmodic colic. The nature, causes, symptoms, and treatment are about the same as those of spasmodic colic in the horse.

**Enteritis.**—Enteritis in cattle is much less frequent than

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in horses. The nature, cause, symptoms, and treatment are the same as in enteritis in the horse. The patient usually dies in four or five days, but occasionally may die in twenty to twenty-four hours from the beginning of the attack. Enteritis, however, is more amenable to treatment in the ox, and is not nearly so fatal as in the horse.

**Dysentery.**—The nature, cause, symptoms, and treatment of dysentery are the same in the horse and the ox. It is, however, of more frequent occurrence in the latter animal, and is very often associated with tuberculosis, or a diseased condition of the mesenteric glands. 'Protrusion of the rectum,' 'gastritis,' 'simple diarrhoea,' etc., also occur in cattle, the nature, cause, symptoms, and treatment of which are the same in the ox as in the horse.

### WHITE SCOURS.

This is a form of diarrhoea peculiar to young animals, especially calves, and is a very common disorder. It is due to more or less inflammation of the true digestive stomach. The primary cause is the character of the milk, which may be either too rich or too poor, and the weather may exert some influence in producing the disease. It is very commonly seen in calves fed and raised by hand, especially in those calves that do not get the first milk of the cow, but are fed on skimmed milk, or milk that is partly sour.

**Symptoms.**—The patient may lie down, but does not roll about. The faeces are semi-fluid, whitish in appearance, and have an offensive odour. The animal grates his teeth, and shows abdominal pain by stamping, curling of the tail, etc. During progression he may stagger slightly, or even fall, if the condition has existed for any length of time.

**Treatment.**—The bowels should be acted upon by ol. lini., the quantity administered depending upon the age and size

of the calf, and whether it be of a weakly or robust build. Pain, if excessive, may be antagonized by the administration of opiates, after which antacids should be administered to counteract the excessively acid condition of the stomach; the administration of chalk is often attended with benefit, and pepsin is also good to assist digestion. The mother, also, should receive attention, and if her milk is too rich in quality she must be reduced; but if it be too poor in quality, the mother should be fed upon a liberal quantity of easily digestible and highly-nourishing food, given tonics, etc. This condition may also occur in calves, colts, and other animals, in consequence of sucking the milk of the mother when she is heated by exertion.

#### PERITONITIS.

*Definition.*—Inflammation of the peritoneum.—Peritonitis occasionally co-exists with enteritis, and is a very serious disease, whether occurring alone or as a complication of some other condition. It occurs as an independent disease, and may be caused in a variety of ways, as by exposure to cold, punctured wounds, etc.; it also follows castration, especially in cases where the animal struggles violently during the operation, or is exposed to the cold afterwards. It may also be caused by putting too much caustic on the clams. Any irritation of the peritoneum may cause peritonitis, and it very often occurs as a complication of metritis, constituting the condition known as metro-peritonitis.

*Symptoms.*—The animal stands the greater portion of the time, the pulse is from sixty to eighty per minute, and is wiry in character; the mouth is hotter than usual, the breathing is quickened, the eyes somewhat reddened, and there is present every evidence of intense fever; the patient shows signs of being in great pain, and the head is turned

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*Treatment.*—If well-marked peritonitis occurs, treatment as a rule is not satisfactory, a large majority of cases terminating fatally; however, there may occasionally be saved by proper treatment a case which would have terminated fatally if left to itself. Opiates by the mouth or hypodermically are of great service; aconite tr. may also be of considerable service in many cases. If the patient is very weak, stimulants are to be given in judicious quantities and at proper intervals. Counter-irritation to the abdomen is also an important point in the treatment of peritonitis, and one that should not be omitted; mustard plasters, a stimulating liniment, and blankets wrung out of hot water, applied to the abdomen, and covered with dry blankets, are all good.

### ASCITES.

Ascites consists of the presence of a quantity of effused fluid in the abdominal cavity; as a rule it is symptomatic of some other condition, as diseases of the liver, kidneys, chronic peritonitis, etc. It is most common amongst dogs.

*Symptoms.*—The coat is staring, dry, and dusty in appearance; the condition known as hide-bound is present, and the animal is dull and languid, sluggish in his movements, and presents an unthrifty condition generally; as the disease progresses, the pulse becomes quicker and weaker, and the abdomen becomes distended by the fluid accumulated within it. The appetite, as a rule, is but slightly impaired, the animal eating pretty well, but nevertheless grows weaker every day; the bowels are very irregular, diarrhoea and constipation being alternately present. Death may occur from asphyxia.

*Treatment.*—Diuretics should be freely given: potassium

iodid. in particular being the best diuretic in this case ; nerve stimulants may also be of great benefit. The diet should be of a highly nutritious character—light and easily digestible. In case no improvement takes place in consequence of the above treatment, it becomes necessary to have recourse to the operation of paracentesis abdominis, using a very small trocar and cannula for the purpose, or what is better, an aspirator, by means of which entrance of air into the abdominal cavity may be prevented, a point of importance ; convulsions may follow removal of the whole of the fluid, hence the patient should be carefully watched, and if symptoms are observed of an approaching convulsion, no more fluid should be withdrawn, at least for a time. The other treatment may be pursued as though the operation had never been performed. As a rule, the operation and other treatment give no more than temporary relief, a further effusion of serum usually taking place.

### GUT TIE.

Gut tie, or strangulation of a bowel, is a condition occasionally noticed in working oxen.

*Symptoms.*—This condition is one very difficult to diagnose correctly. The animal grates his teeth, turns his head to his side, twists his tail in a peculiar spasmodic manner, and shows all the symptoms of abdominal pain ; small quantities of fæces may be voided, mixed with mucus, and occasionally with blood.

*Treatment.*—It is possible in some cases to relieve the condition by suddenly turning the animal over on its back, or by making it perform any sudden movement, as jumping, etc. However, it is usually necessary to cut into the side of the abdomen, find the strangulated portion of bowel, and straighten it out with gentle force, after which the wound in



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the abdominal walls should be closed by sutures, and treated as an ordinary wound, by cold water dressings, etc. If there is any pain expressed by the animal after the performance of the operation, opiates may be administered. In some cases the hand may be passed into the rectum and the condition relieved thereby ; but this method is rarely successful. If necessary a dose of oil may be given, but no drastic cathartics should be administered after cutting into the abdomen and straightening the bowel out. The animal should be kept quiet, and fed on soft food for a day or two.

## CHAPTER XXI.

### Diseases of the Urinary System.

#### NEPHRITIS (ACUTE).

*Definition.*—Inflammation of the kidneys. Urinary diseases are not nearly so common among the lower animals as among the members of the human family ; especially is this the case as regards diseases more particularly referable to the kidneys, and nephritis is by no means the most common of kidney diseases. Like other diseases of the urinary system, it most frequently occurs in the chronic form, being rarely met with in the acute form ; the whole substance of the kidney may be inflamed, but as a rule the inflammation confines itself to the lining membrane of the gland. One kidney may be inflamed to the exclusion of the other, or both may be inflamed simultaneously.

*Causes.*—Exposure to cold is a very common cause, especially if the animal be exposed immediately after being put to severe exertion, and when tired and covered with sweat, checking the perspiration suddenly being one of the most prolific of all causes of nephritis. Large and repeated doses

of resin, potassium nitrate, and other diuretics, by stimulating and taxing the powers of the kidneys to the utmost, are very likely to induce an attack of nephritis, hence such medicines should never be administered needlessly, or in an indiscriminate manner. Certain kinds of food, as over-ripe grasses, food of an inferior quality, as mouldy hay and corn, certain plants, etc., may also have occasionally a powerful diuretic effect, and a tendency to produce an attack of nephritis; occasionally the absorption of cantharides may take place from a cantharidine vesicant, and give rise to inflammation of the kidneys. The same result may be brought about by the internal administration of cantharides, given under the false impression that sexual excitement may thus be brought about without resulting injury to the animal. The kidneys are exceedingly well protected, but it is still possible that nephritis may result from injuries such as would be likely to result from carrying heavy weights across country, jumping, falling, etc.

*Symptoms.*—The symptoms of nephritis are pretty well marked; but some bowel diseases are often mistaken by casual observers, or incompetent men, for kidney disease. Azoturia is also frequently mistakenly diagnosed as a kidney disease. The pulse ranges from forty-five to fifty beats per minute, but increases in rapidity as the disease advances. More or less fever may be observed, as a rule the fever being well marked, and the mouth and nostrils hotter than usual. The animal also exhibits more or less pain and uneasiness, occasionally turning his head towards the seat of the pain, lies down and sometimes rolls, but not often, nor so violently as in enteritis, colic, etc. When down and reclining upon his side, he frequently turns his head, and points with his nose towards the region of the kidneys, and now and then gives vent to a low moan or sigh. Frequent attempts are made to urinate, but little

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urine is passed, and that little is highly coloured, and some-  
times mixed with blood. The bowels are usually con-  
stipated, as they are in nearly all diseases accompanied by  
fever. Patches of perspiration break out on the shoulders,  
flanks, etc. The flanks are sunken, and the belly tucked up.  
In some cases the animal may walk with a straddling gait ;  
but this action may be noticed in various conditions, and  
alone should not be regarded as a certain indication of  
nephritis. The pulse runs up rapidly, and the patient  
walks about as though he were under the influence of  
opiates, and gradually passes into a semi-comatose con-  
dition. Uræmic poisoning may set in, causing the animal to  
act as though intoxicated, and a strong uriniferous odour is  
given out in the perspiration. The condition is at this time  
a very serious one, and unless relief be quickly afforded the  
animal dies. There are other so-called tests by which it is  
claimed that the presence, or absence, of nephritis can be  
ascertained, such as pressing upon the back over the region  
of the kidneys ; but such a test is worthless, for the reason  
that any irritable horse will flinch from any considerable  
amount of pressure upon this, or any other, part of the  
body. Examination per rectum may assist in diagnosis by  
revealing heat in the region of the kidneys. Such a  
symptom though, at the very best, is a doubtful one. In a  
well-marked case of nephritis, casts of the uriniferous tubes  
may be discovered in the urine.

*Treatment.*—Every endeavour must be made to relieve  
the kidneys of work, and keep them quiet. To effect this  
object it becomes necessary to excite the other excretory  
organs to increased action. A good oleaginous purgative  
should be given in preference to aloes, as the latter may  
pass off by the kidneys and aggravate, instead of relieve,  
the disease. Aconite in the usual-sized doses may be  
administered at proper intervals, being highly useful to

combat inflammation. Enemas of tepid water are very useful. The body should be well clothed, and every effort made to induce perspiration. Hot cloths should be applied over the region of the loins, and covered with other cloths to retain the heat as long as possible. A new-flayed sheep-skin applied over the region of the kidneys acts as an excellent counter-irritant, but as it cannot always be procured, some other form of counter-irritation must be employed. Mustard will answer the purpose very well. Cantharidine applications should never be used, as the cantharides may be absorbed and aggravate the trouble. In cases where the animal is plethoric, and at an early stage of the disease, a pretty good abstraction of blood may sometimes be attended with benefit; but as a rule phlebotomy is not to be recommended. Poultices of digitalis over the region of the kidneys are of the greatest possible service. Opium may be freely given to allay pain. The alkaloid is, however, preferable to the opium itself, inasmuch as it may be given subcutaneously, and in this way acts much sooner than when given by the mouth. The animal should be encouraged to take demulcent drinks, such as linseed tea, etc. A few doses of sodium hyposulph. may also be administered with benefit. The diet should be the best procurable, and the animal should be used carefully for some time after the subsidence of the attack.

#### NEPHRITIS (CHRONIC).

Chronic nephritis is of more frequent occurrence than acute nephritis, and a portion only of the gland may be inflamed; it is most common amongst old, hard-worked, and debilitated animals.

*Causes.*—Exposure to cold and wet weather, feeding on inferior food—as damaged corn, mouldy hay, etc.—the improper administration of diuretic medicines, etc.

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*Symptoms.*—The symptoms of chronic nephritis are much milder than those of the disease in the acute form. The urine is scant in quantity, and usually high-coloured. No severe abdominal pain is manifested, as in the acute form; but as a rule the animal shows a slight stiffness in the region of the loins when first brought out. This symptom, however, soon disappears with exercise. The animal stretches himself in the stall, stretching out his hind-legs, and will stand, sometimes for hours, in that position. He gradually falls off in condition. Edemic swellings now begin to appear in connection with the limbs. The animal is somewhat dull and languid in his appearance, as well as in his movements. The pulse becomes slightly elevated, and the appetite somewhat impaired and capricious.

*Treatment.*—It is not necessary to give powerful remedies. A mild oleaginous laxative should be given in preference to cathartics of a drastic character. The animal should be freely supplied with, and encouraged to take, mucilaginous drinks. Counter-irritation over the region of the loins is perhaps of greater benefit in this than in the acute form of nephritis. Antimonii tart. is recommended by some practitioners on account of its supposed tendency to produce diaphoresis. It may be given in doses of  $\mathfrak{z}\text{i}$ .— $\mathfrak{z}\text{ii}$ . night and morning. A horse that has suffered once, and has recovered, should occasionally be given a mild diuretic, as potassium nitrate. The occasional administration of sodæ carb. in the usual quantities may also be found very useful. If diuretics have no effect, it proves that the trouble is not due to functional inactivity of the glands. In such a case careful feeding on boiled oats, bran mashes, etc., should be tried. Rest should be allowed the animal, and during convalescence gentle exercise should be given, and the animal put on a course of tonics. The food should be of the very best, given in properly regulated quantities, and

at regular intervals. A result of nephritis is the formation of pus. Atrophy, hypertrophy, etc., also occur as results of nephritis.

### **HYPERTROPHY.**

An abnormal enlargement of one or both kidneys is a condition more frequently met with in the ox than any other animal. In some cases one kidney may be hypertrophied, and its fellow atrophied. The kidney may attain an enormous size, and the condition exist for a considerable length of time, without any sign of disease being presented. As a rule, the various diseases of the kidneys are very difficult to diagnose; but when one or both kidneys become enlarged to a great extent, certain general symptoms are manifested, which may lead to an examination per rectum, when the condition, if well marked, may be readily discovered. A case is on record in which the kidney weighed fifty pounds; and Percivall mentions a case in which the kidney weighed upwards of one hundred and twelve pounds.

*Treatment.*—Treatment is not of much avail as a rule; still, benefit may accrue from the administration of sodæ carb. and the mineral acids, to combat the tendency to the deposition of calcareous material.

**Atrophy** may be treated in the same way, with the addition of nerve and diffusible stimulants, and counter-irritation externally.

**Melanosis.**—Melanotic deposits in connection with the kidneys are by no means uncommon, especially among gray horses.

The *general symptoms* are those of kidney disease, the diagnosis being assisted in many cases by the presence of melanotic tumours on various parts of the body.

*Treatment.*—Very little can be done in the way of treat-

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tration of potassæ iodid., etc.

**Floating Kidney.**—One or both kidneys may be displaced. Professor Williams mentions a case of this kind, in which the kidney, under the supposition that it was a tumour, was removed from the side of a cat, the operation apparently causing very little or no inconvenience to the animal. It is a condition rarely met with.

### POLYURIA.

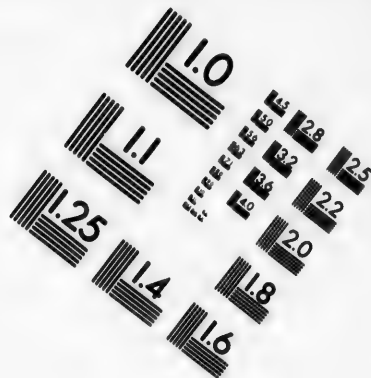
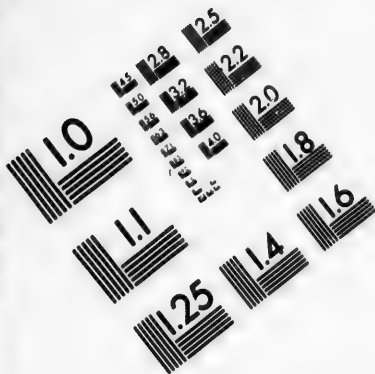
This disease is also known by the names 'diabetes insipidus,' 'diuresis,' 'profuse staling,' etc. Polyuria is a dietetic disease, or, in other words, is primarily due to a deranged condition of the digestive system, which, causing an alteration in the condition of the blood, gives rise to an excessive secretion and discharge of urine, of a clear or colourless appearance, and of a low specific gravity.

*Causes.*—In a large majority of cases polyuria is due to faulty dieting, such as feeding the animal on damaged corn, and mouldy hay or beans, about the months of June, July, August, and September, when the beans are getting too old. Food of any kind, if of an inferior quality, may cause the disease. In many cases the continued use of impure or stagnant water may also give rise to polyuria, or it may occur as a result of some debilitating disease, such as strangles, influenza, etc.; in such cases it generally appears in the convalescent stage, usually about the tenth day from the beginning of the attack, and under such circumstances is regarded as by no means a bad symptom. It may also be produced by the too free, or continued, use of diuretics.

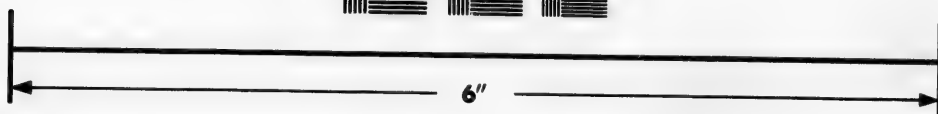
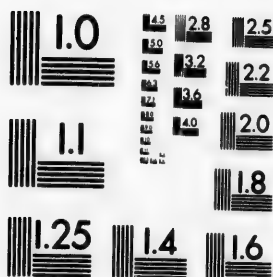
*Symptoms.*—The animal exhibits dulness of a well-marked character, languor characterizing every movement. The







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appetite is highly capricious, the patient one day eating heartily, and on the next day refusing all food. The pulse is weak, but not quickened; the thirst is insatiable, enormous quantities of water being consumed apparently with the greatest satisfaction. The coat stares, and the animal perspires freely on being put to the slightest exertion. Enormous quantities of urine are discharged. The animal becomes much weakened, rapidly falling off in flesh until frightfully emaciated; and unless something in the way of relief be quickly done, death soon results.

*Treatment.*—The practitioner should first, if possible, discover the exciting cause, and remove it. The animal should have a change of food in all cases, and it is usually advisable to change the drinking-water also. Cooked food, as boiled oats, bran, etc., should be given. A recipe that was highly thought of by Professor Dick is the following: iodi  $\mathfrak{z}\text{i}$ ., potassæ iodid.  $\mathfrak{z}\text{i}$ . once daily. It is of the greatest service in long-continued cases of polyuria. It is, however, by no means a specific for the condition. In severe or urgent cases it may be given twice a day, in combination with any of the vegetable or mineral tonics. If its use does not appear to be attended with benefit, ferri iodid., ferri sulphat., etc., may be tried. Pure water should be frequently given, and in small quantities.

### ALBUMINURIA.

By albuminuria is meant a condition of the urine characterized by the presence of large quantities of albumen. It may occur as a result of acute desquamative nephritis, but is more frequently caused by some irregularity of diet, faulty digestion, etc., giving rise to derangement of the nervous system. It is identical with the disease known as 'Bright's disease' in the human family.

*Symptoms.*—The animal exhibits more or less dulness, and gradually loses flesh; the coat is staring, dry, and dusty-looking, the patient having an unthrifty appearance generally. Oedematous swellings appear in connection with the limbs. Usually the swollen parts will pit upon being pressed; and in many cases the swelling of the limbs does not disappear with exercise. The favourite position of the animal while standing quietly at rest in his stall is standing stretched out with his hind-legs pretty well back, and the fore-legs inclining forward. The urine is subject to frequent and sudden changes in appearance, at one time being almost colourless, at another time being very yellow in appearance, and at times is very thick. After rest the animal comes out of the stable with a stiff sort of motion, the stiffness being referable to the loins and hind extremities. The practitioner, having observed the symptoms enumerated above, will generally suspect the true nature of the case, and, to complete the diagnosis, should apply the test for albumen, which is as follows: 'Having secured a small quantity of the suspected urine, add to it a little nitric acid and apply heat, when coagulation of the albumen contained in the urine will at once take place.' The appetite of the animal is very capricious, and the pulse weak in character. The bowels are usually constipated.

*Treatment.*—A mild dose of cathartic medicine should be administered. Elaterium is used with considerable success in human practice, and is worthy of a trial in veterinary practice. In some cases benefit may attend the administration of a full-sized dose of cathartic medicine. The animal must be carefully protected from the vicissitudes of weather. Clothe the body; hand-rub and bandage the extremities. The food should be of the best quality, highly nutritious, and easily digestible. If convalescence can be established, give tonics, etc.

### RENAL CALCULI.

Calculi are often found in the kidneys, and are usually composed of the salts of lime and magnesia. They occur in connection with hypertrophy of the kidneys; and also occur without being in connection with any other abnormal condition. They frequently exist for a long time without giving rise to any apparent inconvenience or manifesting the slightest sign of their presence, the animal in such cases remaining in the best of condition while they are present. Sometimes they give rise to severe pain, and the other general symptoms of kidney trouble.

*Treatment.*—Very little can be done in the way of treatment, except to give opiates to relieve pain. Demulcent drinks, to relieve irritation existing in connection with the mucous membrane lining the kidneys and ureters, and some of the mineral acids, preferably hydrochloric acid, may be given for the purpose of breaking up or dissolving the calculi already formed, and preventing a further deposition of calcareous material, and in due course of time the calculi may pass down and out, either whole, or in partial or complete solution.

### RETENTION OF URINE.

In this condition the urine is properly secreted, in normal quantities, and passes to its proper receptacle, the bladder; but its escape from there is prevented, or at least retarded, by muscular contraction of the neck of the bladder. Retention is often seen in a case of colic. In other cases the escape of the urine from the bladder may be prevented by enlargement of the prostate gland, which, pressing upon the urethra, completely closes it. This is a common cause among very old animals. The

condition is by no means an uncommon one among dogs. Retention of urine may also in some cases be caused by the presence of calculi in the bladder, paralysis of the bladder, urethral calculi, etc.

*Symptoms.*—The animal shows slight uneasiness and pain, which increases as the amount of urine in the bladder becomes augmented in quantity by the constant flow of urine which takes place from the kidneys, and through the ureters. He makes violent and ineffectual attempts to micturate. In some cases he may succeed in voiding a very small quantity of urine, which usually comes away in a short but forcible jet, or dribbles away. The animal places himself in position to urinate, makes an effort, groans, and may lie down, turn his head towards the seat of trouble, and groan. An examination per rectum is all the test that is now required to make the practitioner certain that it is a case of retention, in which case the bladder may be felt distended with urine.

*Treatment.*—Having lubricated the arm and hand, they may be gently passed into the rectum until the bladder is reached, feeling full and distended beneath the hand. Gentle pressure should now be brought to bear upon it, and the contents may thus be forced, in many cases, to pass out. However, this method frequently fails to have the desired effect. In such a case warm water enemas, or an enema of a decoction of tobacco, may be tried, after which pressure may again be brought to bear upon the bladder. If failure be again experienced, the practitioner must pass the catheter. A small quantity of belladonna extract may be placed upon the end of the catheter, being useful to relax the spasm.

### SUPPRESSION OF URINE.

By suppression is meant functional inactivity of the kidneys. The term 'ischuria' is often applied indiscriminately to this condition and retention of the urine.

*Symptoms.*—The animal in a well-marked case of suppression of urine is duller than usual. The urine is passed only in small quantities, but is normal in appearance. Examination per rectum reveals the bladder empty, or nearly so.

*Treatment.*—Treatment merely consists of the administration of a good diuretic, as *æth. nitrici*, *resinæ*, etc., in the usual-sized doses. It is good practice also to administer a dose of *digitalis*. If inflammatory action is suspected to exist in connection with the kidneys, diuretics should be withheld until the inflammation can be allayed.

### CYSTITIS.

Inflammation of the bladder may occur in all animals possessed of that organ. It is, however, not of very common occurrence.

*Causes.*—It sometimes follows difficult parturition, and may also be caused by exposure to cold and wet weather, the administration of irritant medicines, or diuretic medicines in excessive doses, especially if long continued. It sometimes results from the absorption of cantharides from a vesicant in which cantharides is used.

*Symptoms.*—The patient manifests considerable pain, the pulse is quickened, and febrile symptoms are exhibited in a form more or less marked; the mouth is hotter than usual, and the bowels are usually constipated. In some cases the gait of the patient may be somewhat straddling. The animal urinates frequently, this being the prominent

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symptom, a small quantity of urine being passed each time, and in the aggregate a considerable quantity is voided. An examination per rectum will reveal heat, and give rise to pain. The urine may, or may not, be altered in appearance. As a rule, the horse stamps, lies down, but rarely rolls in a violent manner, in many cases not rolling at all.

*Treatment.*—If the inflammation is very severe, and much fever is present, febrifuges and sedatives, as tr. aconite, may be given with benefit. If the patient be a female, tepid water and opii tr. may be injected into the bladder, and enemas of tepid water may be freely given per rectum. The patient should be warmly clothed, especially in the region of the loins. The animal should also be kept perfectly quiet, and in some cases a laxative, preferably of oil, may be given with very great benefit. The animal should be encouraged to take demulcent drinks, etc.

### MELANOTIC DEPOSITS IN THE BLADDER.

Melanotic deposits are occasionally met with in the bladder, particularly amongst gray horses. Tumours and fungoid growths of other kinds are also found in the bladder. In some cases they almost fill it, interfering with its functions to a considerable extent, and causing the bladder to become distended, and the ureters very much enlarged. These conditions may be caused by hard work, and an insufficient supply of nourishment, etc. Melanosis, as above stated, is most frequently found in gray or light-coloured animals, and especially if of advanced age.

*Symptoms.*—There is always more or less difficulty in voiding the urine, which at first may be of a natural appearance; but after awhile blood may be voided with it, in consequence of rupture of a small bloodvessel.



The urine may sometimes be somewhat dark in colour, owing to the presence of pigmentary matter. This is symptomatic of the existence of melanotic deposits within the bladder. The animal gradually falls off in condition. The bladder is found by an examination per rectum to be in a state of distension, and hanging over the brim of the pelvis, and on being emptied the tumour, etc., may usually be detected by manipulation of the viscus.

*Treatment.*—Very little can be done in the way of treatment. In case the trouble is caused by the presence of a fungoid growth, the animal should be carefully dieted, and the mineral acids administered. In cases where the growth does not give rise to much inconvenience, it had better be let alone. It is scarcely practicable to cut in and remove such bodies; still, such an operation might possibly be performed with success, and in cases where it is the only alternative should be tried, the after-treatment, of course, being that calculated to allay inflammatory action. The diet should be highly nutritious, and properly regulated as to quantity, etc.

### INVERSION OF THE BLADDER.

Inversion of the bladder is of most frequent occurrence amongst mares and cows, and usually follows difficult parturition.

*Symptoms.*—A small and reddened tumour-like substance is noticed protruding from the vulva, and is often mistaken for the mucous membrane of the vagina, a mistake which may easily be dissipated by a manual exploration of the parts. The urine escapes, and, dribbling down over the thighs, excoriates the parts, and causes considerable irritation.

*Treatment.*—Bathe the displaced organ with warm water

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and opii tr. Having cleansed it nicely, and allayed any irritation that may exist, the bladder should be gently returned to its proper place as soon as possible. The vagina may be injected with tepid or cold water, according to judgment. The hind-quarters should be elevated, and anodyne injections given, as well as opiates by the mouth, to prevent straining on the part of the animal. In cases where the condition has been present for some time and neglected, the bladder may become gangrenous. In such a case it may be removed with the ecraseur, and the animal recover, the urine escaping through the ureters, and running over the thighs.

### CYSTIC CALCULI

Cystic calculi may be caused by the use of hard water (or water containing lime) for drinking purposes, especially in cases where an animal is worked steadily for hours at a time, and not given an opportunity to urinate. In other cases, a foreign substance of microscopic proportions may be present in the bladder, and act as a nucleus, around which the calcareous material becomes deposited.

*Symptoms.* — In some cases a single calculus may be present, and gradually increase in size until it becomes very large. In other cases, calculi may be present in large numbers, giving rise to well-marked symptoms: the urine being voided with difficulty, and changed in colour, becoming unnaturally white or milky in appearance. The first that is voided may be clear, but as the bladder empties itself the urine takes on the above-mentioned milky appearance, or may be dark in colour. There is always more or less irritation of the bladder, there may occasionally be retention of urine, and the penis often hangs pendulous. While urinating, and a full round stream escaping, the flow may be

suddenly checked, in consequence of the calculus entering the neck of the bladder. The animal, however, retains his position, makes further efforts to urinate, and, in some cases, succeeds after awhile. In other cases he fails, or the remainder of the urine may dribble away a few drops at a time, and run down upon and excoriate the inside of the thighs. In many cases the urine may be tinged with blood, or the passage of a small quantity of blood may immediately succeed the act of micturition. Sometimes the animal exhibits pretty severe abdominal pain. An examination per rectum is all that is now required to complete the diagnosis. A hard movable body, or a number of them, may be felt in the bladder, and the practitioner may rest assured that the case is one of cystic or vesical calculi. In some cases, instead of any hard substances being discovered, there will be found a soft, pasty mass of sabulous material. The animal may be in a good or bad condition.

*Treatment.*—If the formation of the calculi is due to the character of the water the animal has been drinking, it should be changed to rain-water preferably to any other, and salt added to it, in addition to which the animal should be allowed all the salt he will voluntarily consume; the mineral acids may also be given, and in many cases the calculi, if small, may be dissolved and pass out with the urine. If the calculi are large, however, acids will be of little service. In such a case it becomes necessary to perform lithotripsy, or lithotomy. The former operation is, however, scarcely practicable in veterinary surgery, being almost impossible to perform. The operation of lithotomy, though, may be performed with success as follows: The animal, having had a few days' preparation, is to be cast and secured, after which a catheter should be passed into the bladder, and an incision made in the median line, right through the perinæum, and down upon the

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catheter ; the incision may be enlarged, and the catheter withdrawn, when the forceps, nicely oiled, should be inserted and carefully passed along the canal, the other hand being placed in the rectum for the purpose of guiding the calculus into the forceps. The operation is one rather difficult to perform, requiring on the part of the surgeon great care and patience, as well as a good knowledge of the anatomy of the parts. The principal danger is from infiltration of urine into the tissues setting up irritation, erysipelas, and perhaps causing death. Calculi may be removed with greater ease from females, especially amongst cattle.

### URETHRAL CALCULI.

Urethral calculi differ from those previously mentioned only in situation. Calculi existing in the kidneys are known as 'renal calculi,' and on reaching the bladder become known as 'cystic' or 'vesical calculi,' the same calculi on reaching the urethra being termed 'urethral calculi,' the general term 'urinary calculi' being employed to designate calculi in connection with any portion of the urinary system. In cattle troubled with urinary calculi, calcareous deposits may usually be found on the hair around the prepuce, and these deposits can be detected in the urine of both horses and cattle affected in this manner. Sometimes the calculus is found to be encysted in the bladder, but although encysted may be movable. The presence of calculi may set up irritation in the mucous membrane of the urethra of the ox, and stricture result, stricture being in nearly every case caused by calcareous deposits. In such a case the catheter cannot be passed, the only remedy being to cut into the urethra and divide the stricture ; this operation in fat cattle will be found rather difficult, but may be easily performed on a lean animal. The animal should be allowed

only soft water to drink, and hydrochloric acid should be administered in large doses; the bladder may also be injected with tepid water and hydrochloric acid. The removal of calculi from cows and mares is an operation performed with comparative ease as follows: The meatus urinarius and urethra being dilated, the forceps, well oiled, may be passed in, and a very large deposit removed without having recourse to the knife. Sabulous deposits are more common in mares, and may be removed by injections into the bladder, or by inserting a spoon and scooping it out.

*Symptoms of Urethral Calculi.*—The animal has great difficulty in urinating, and performs the act with great straining and groaning, and sometimes there is a very perceptible bulging out of the perinæum.

*Treatment.*—The treatment consists of injecting the urethra with warm water, and endeavouring to displace the calculus by manipulation; if this fails the offending agent must be cut down upon, and removed, the wound closed, and treated as an ordinary wound.

*Fossa Navicularis.*—An accumulation of mucous or sabulous matter frequently takes place in the fossa navicularis, and in many cases causes serious obstruction to the flow of urine; the penis and sheath are in such cases found very dirty. This condition is most common amongst geldings, as they do not protrude the penis to the same extent as stallions do. The treatment consists of removing the sabulous matter, and washing the penis and sheath thoroughly with warm water, after which a little lard may be applied to the parts; geldings especially should be frequently examined, and these parts cleansed. It is usually noticed that more or less swelling of the sheath follows washing, but this should excite no fear, as it will disappear in a short time.

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symptomatic of calculi, which may exist in any part of the urinary system; a severe strain across the loins, causing rupture of some of the small bloodvessels, may also give rise to hæmaturia. The practitioner should endeavour to ascertain the history of the case, and if possible find out the exact cause of the bloody discharge, and if it is due to cystic calculi, treat in the usual way; if the hæmorrhage is from the kidneys, plumbi acetat grs. xx. may be given in combination with tr. ferri chlorid. Small doses of opium may also be administered to allay pain, followed by the mineral acids. The animal should be carefully dieted, etc.

### PARALYSIS OF THE BLADDER.

Paralysis of the bladder gives rise to symptoms which in many cases may cause the true character of the disease to be overlooked. The condition may be caused by the urine not being passed freely, in consequence of which a certain amount of fluid is always retained in the bladder, finally causing paralysis and enlargement of that organ.

*Symptoms.*—The animal experiences considerable difficulty in voiding the urine, which is passed in small quantities, is usually of a yellow colour, and is not ejected in as forcible a manner as though flowing from a healthy bladder. The animal apparently finishes urinating, and returns to his former position, instead of remaining stretched out; when the practitioner, on making an examination per rectum, will be astonished to find the bladder yet containing an enormous quantity of urine. Gentle pressure may force it out, but it is better to use the catheter to draw it off; after which the bladder should be injected with tepid water, gradually changing to the use of cold water, and nerve tonics, laxative food, etc., should be given. Paralysis is sometimes associated with urinary deposits; it is a

troublesome condition and often incurable, especially if of long standing.

**Enuresis, or Incontinence of Urine.**—This condition is the opposite of retention. It may be caused by an irritable condition of the bladder, loss of nervous influence, etc., and is characterized by the involuntary and almost continual escape of urine.

*Treatment.*—Benefit will result from injecting the bladder with warm water, changing gradually to cold; nerve and diffusible stimulants will be found useful, and a thorough course of constitutional treatment may, in some cases, be necessary.

## CHAPTER XXII.

### Diseases of the Male Organs of Generation.

#### ORCHITIS.

*Definition.*—Inflammation of the testicles. Orchitis is a very serious condition, but one not very frequently met with; it is caused by direct injury as a rule, such as blows, kicks, covering mares in an improper manner, exposure to cold, absorption of blood poison in some cases, and it may occasionally be the result of indirect injury, as strains caused by running, jumping, etc.

*Symptoms.*—The animal suffers great pain, and the parts become greatly swollen; pyrexia is a prominent symptom, the pulse being quick, full, and bounding. As a rule the animal retains the standing posture; occasionally a case may be met with in which the animal lies down, and in some cases attempts to roll. When standing, the patient may elevate one of his hind-feet from the ground, and during progression he walks with difficulty, expressing his pain by

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frequent groans; he walks with the hind-legs widely separated, having what is known as a straddling action.

*Treatment.*—Fomentations of hot water frequently applied, and for several hours at a time, will be productive of the greatest benefit, soothing and allaying irritation in a wonderful degree. A soft sponge should be used to apply the water. Internally, a full dose of cathartic medicine, preferably aloes, may be given. If the animal is in a plethoric condition, venesection or the administration of cantharide may be attended with benefit. The testicles should be supported by means of a suspensory bandage padded with cotton, tow, or some similar soft material, which should be constantly kept in a moist state by pouring on warm water. Chloroform, tr. opii, belladonna extract, etc., applied locally, are valuable to allay pain; leeches are very good also, but difficult to apply in veterinary practice; warm water clysters are very soothing. After the inflammation is allayed there is usually a considerable amount of exudation, which may be got rid of by a course of potassæ iodid., and in some cases it may be necessary to stimulate the testicles locally with unguentum iodi. The diet should be of a light and nourishing kind.

**Hydrocele, or Dropsy of the Scrotum.**—Hydrocele occurs as a result of orchitis, and may follow some other conditions. It is a condition rarely met with, and cannot be considered as very serious.

*Treatment.*—The unguentum iodi comp. may be applied locally, and potassæ iodid. administered internally. If the scrotum contains much serum, it may be drawn off by means of a small trocar and cannula, or preferably by an aspirator. In some cases iodine may be injected into the scrotum, to prevent further formation of fluid.



**PARAPHYMOSIS.**

By paraphymosis is understood protrusion of the penis, with inability on the part of the animal to retract it. It is caused by injury, either directly or indirectly received. Stallions suffer more frequently than geldings, in consequence of the penis being handled roughly, or otherwise injured, while the animal is covering a mare. Another cause is too frequent coition. Exposure to cold also produces it, in both stallions and geldings, and occasionally the condition may occur in connection with fungoid growths.

*Symptoms.*—The penis may be easily seen protruding from the sheath, and blood gravitating into it causes it to become very much swollen.

*Treatment.*—If possible, the practitioner should get the history of the case, and if it is a case of paraphymosis due to force, the prognosis should be favourable. If it is caused by too frequent coition, the prognosis should be unfavourable, and decidedly so. However, a cure may be effected in any case, hence all cases should be treated. The penis should be nicely and thoroughly cleansed, after which it should be freely scarified, and bathed with warm water for an hour or so. It should be supported by means of a suspensory bandage. Manipulation will also sometimes reduce it, so that it can be partially returned within the sheath. The treatment should be energetically persevered in, or gangrene may result. Constitutional treatment should also be adopted. A laxative should be given; febrifuges, diuretics, etc., also being of service. The above treatment is more particularly adapted for paraphymosis resulting from injuries, cold, etc. The treatment of paraphymosis arising from too frequent coition is, however, nearly the same, with the additional administration of nerve stimulants. In either form of the condition, after the inflammation is

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# PHYMOSIS.

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allayed, astringent lotions, cold water, etc., will be found useful. Tonics should also be given, and a nutritious and liberal diet allowed. In some cases it may be months before a cure can be effected, a notable case being that of 'Hard Fortune,' a very good horse that suffered from paraphymosis for eighteen months, but finally made a good recovery, and got many foals, serving from one hundred to one hundred and twenty mares each year for many years afterward. If the penis becomes gangrenous it must be removed, the ecraseur being the best instrument for the purpose.

## PHYMOSIS.

This is the opposite condition to paraphymosis, and consists of inability to protrude the penis from the sheath, where it is retained in consequence of the orifice becoming abnormally small or contracted. This condition is oftenest met with amongst geldings, and may be due to the animal getting into the habit of urinating without properly protruding the penis. The orifice through which it should pass gradually becomes smaller in size until it is too small to allow the penis to be protruded, or the condition may be caused by swelling supervening upon castration, or an injury of some kind. And some horses, having very small sheaths, are more or less predisposed to phymosis. Ulceration may occur in connection with it. The presence of warts may also give rise to the condition.

*Treatment.*—If phymosis occurs as a result of castration, one or two punctures should be made in the sheath, to allow the serum contained therein to escape, after which the parts should be fomented. If the condition occurs in consequence of the presence of warts, the animal should be cast and secured, the penis withdrawn from the sheath, the warts removed, and astringent lotions afterwards applied.

If due to constriction of the prepuce, the latter may be slit with a pair of scissors. Scarification may in many cases be all that is necessary. If due to debility, feed well, and give tonics, etc.

**Penis.**—In connection with the penis—usually in connection with the glans penis—growths of various kinds may occur, some of them malignant in character. These are most frequently met with amongst geldings, and are caused by filth, bad care, debility, etc. In many cases an offensive discharge takes place.

*Treatment.*—Such growths should always be removed with the knife. The wound thus made should be cauterized, using argenti nitras, etc., until it becomes evident that there is no probability of new growths springing up.

**Warts.**—Warts are the same when existing on, or in the neighbourhood of, the penis, as when existing on other parts of the body, and the same treatment applies to all. (See Warts.)

**Amputation of the Penis.**—This seems to be a very formidable operation, but is necessary sometimes. Cast the patient, draw out the penis, and remove as much of the organ as may be necessary, either with the knife or the ecraseur. If the former instrument be used, the operator must ligate the bloodvessels to prevent undue hæmorrhage; he should also pass the catheter before operating, and keep it there a week or so, to prevent closing of the urethra by cicatrization. Astringents, cooling lotions, and a laxative diet will be all that are required.

**Penis, Excoriation of.**—Excoriation of the penis may be caused by direct injury, such as may be sustained by a large horse whilst covering a small mare, especially a mare that has never been served before. It may also be caused by putting a horse to a mare too soon after foaling—the mare having an irritant or putrid discharge from the

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# URETHRITIS.

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vagina, which irritates and excoriates the penis. The condition may sometimes also be due to some contagious disease.

*Treatment.*—The animal should not be allowed to serve any mares until fully recovered. Use lotions of tr. opii, zinci sulphas, etc. Strict attention to cleanliness of the parts should also be observed, warm water being freely used. The diet should be reduced, and a laxative given in cases where it is deemed necessary. If the penis is retained within the sheath, and it is desired to have it out, the animal should be taken near to a mare, when he will protrude the organ of his own accord. This method is much better than the operator pulling it out.

# URETHRITIS.

Inflammation of the urethra may be caused in various ways, as by exposure to cold, the presence of urethral calculi, injury to the penis by handling roughly, etc.

*Symptoms.*—The animal shows pain when urinating, and does not retract the penis for some time after the act is completed. The urethra, on examination, is found to be red and irritable.

*Treatment.*—A full dose of cathartic medicine should be administered. The urethra should also be injected once or twice daily with a solution of zinci sulphas of the proper strength. The diet should be liberal, especially after the acute symptoms have subsided; and in cases where there appears to be any tendency to the continuation of the disease in a chronic form, or where there is any discharge discovered issuing from the urethra, a course of potassæ iodid. will be found of the greatest service, to be followed after a time by the vegetable and mineral tonics.

### ULCERATION OF THE URETHRA.

Ulceration of the urethra may be caused by injuries of various kinds, such as kicks, snagging on sticks, getting over a partition between two stalls, etc. If allowed to run its course, a fistula may be the result. Ulceration of the urethra usually occurs in the region of the perinæum. The urine escapes if a fistula becomes established, and the condition becomes exceedingly troublesome, and difficult to cure.

*Treatment.*—Absolute cleanliness is imperative—the wound being dressed, if possible, several times daily, unless it becomes evident that the healing process is retarded thereby. The edges of the opening should be scarified and brought together by means of sutures. Astringent and soothing applications should now be used, but if the wound be indolent, and slow to heal, it should be stimulated by touching with argenti nitras, either solid or in solution.

*Variola.*—This disease may occur in connection with the penis, may be transmitted during coition from one animal to another, and may give rise to symptoms similar to venereal disease. Any animal suffering from any irritation in connection with the generative system should not be allowed to participate in the act of copulation for quite a length of time, or until cured, as it may be a sexual disease of a contagious character. And even though it is not a disease of a contagious character, coition, so long as continued, is likely to keep up the irritation and retard recovery.

*Maladie du Coit.*—Under this name is described a disease occurring both in the malignant and non-malignant forms. The disease results from the act of copulation, and has been likened to the syphilis of man. For a good description, etc., of the disease, see Williams's 'Medicine,' in which the subject is fully treated.

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CHAPTER XXIII.  
Glanders and Farcy.

GLANDERS.

Glanders may be defined to be a well-marked malignant disease of a contagious character, its immediate cause being the introduction of a specific poison into the animal economy, and having for its anatomical characteristics chan- crous sores or ulcers in connection with the Schneiderian membrane, the respiratory system being also more or less involved, and having particularly well-marked lesions in con- nection with the lung tissue and the whole of the lymphatic system. Farcy is essentially the same disease, but mani- fested in a different manner ; it is, however, capable of pro- ducing glanders in the same way that glanders is capable of producing farcy, the two varieties of the disease being de- scribed under the generic term of "equina." It is one of the most serious and loathsome, as well as invariably fatal, diseases to which horseflesh is heir. It is in all its forms communicable to sheep, goats, all animals of the canine, as well as feline, families, to mice, rabbits, etc., and to man, in whom the disease seems to increase in intensity, and rage with greater malignancy than amongst the lower animals. It is, however, rarely met with in any other animals than those of the equine family.

*History.*—The disease is undoubtedly one of very great antiquity, having been mentioned by Hippocrates, who lived about two thousand years ago, and the disease probably existed for thousands of years before that time. Vegetius, Aristotle, and many other early writers also described this disease, which has probably received more attention, and justly so, than all other equine ailments

combined. Almost every medicine mentioned in the Pharmacopœia has been administered, singly and in combination, with the hope of finding a remedy for the disease, but without the slightest success, the disease, so far as is known to the profession of to-day, being incurable, and sooner or later terminating fatally in every case. The name 'glanders' has been applied to the disease from the fact that the malady invariably shows itself in connection with the glandular system. Although no one has ever been able to discover a cure for this dangerous disorder, the profession has done a great deal of good by pointing out and explaining its dangerous character, and recommending measures by which it may be kept from spreading, and its occurrence in many cases prevented. Hence the disease is not nearly so common as it was a century ago, and is growing less and less frequent, and may in course of time become extinct—an end which could be hastened by active legislation in regard to the matter. Glanders was unknown in Mexico until the occurrence of the war with the United States in the year 1847, it being carried there by the horses of the American army. It is said that a case of glanders has never been discovered in Australia; it is of very rare occurrence in India, but has been noticed in the latter country amongst horses brought from Australia, the disease being in all probability contracted by those horses whilst on board ship, and not while in Australia.

*Causes.*—It is claimed by many eminent authorities that glanders may appear spontaneously. This, however, is a point on which doubt exists. In all probability the disease never occurs spontaneously, but is in every case due to contagious influences. The weight of evidence is in favour of this theory, and the most ardent supporters of the theory of spontaneity have never been able to clearly demonstrate a case in which glanders originated spon-

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taneously. It is usually met with in the most severe form in large cities, where many horses stand crowded together in dark underground and badly-ventilated stables, in coal-pits, and similar places where the animals are compelled to breathe foul air and noxious vapours for several hours out of the twenty-four. Impure water, a damaged or insufficient supply of food, hard work, etc., are all predisposing causes, and render the animal more susceptible to the contagious influence. It is more common, and of greater severity, during the progress of war than at any other time, owing to the manner in which the horses are kept, being exposed to all kinds of weather and often half-starved. An animal is also more likely to contract glanders when greatly debilitated from previous disease, such as influenza, diabetes, etc., some claiming that the latter disease frequently terminates in glanders; but no proof has ever been adduced in support of the assertion. There is no question but what glanders does occasionally follow diabetes and other debilitating diseases, and the operation of castration; but it is because the animal, being at the time weak and debilitated, is exposed to contagious influences, and is unable to resist the action of the poison, while the same animal, if in robust health, might be exposed a dozen times without contracting the disease. That it may be transmitted from parents to progeny seems evidenced by an instance in which a mare affected with glanders gave birth to a foal which appeared perfectly healthy, and apparently continued in a state of perfect health until it attained the age of four and a half years, when it died of a well-marked case of glanders, without having been exposed to contagious influences *so far as anyone knew*.

*Contagium*.—Glanders cannot be considered as a highly contagious disease, cases having been known which healthy animals worked by the side of affected animals,



day after day, for a year or more, without contracting the disease, and it is also stated that the virus of glanders may be taken into the stomach with impunity. However, such an experiment, at the best, is a dangerous one, and should not be tried except in the case of a worthless animal, and, if true, proves nothing more than that probably the virus, being alkaline, meeting with the acid gastric secretions, becomes neutralized and inert. The contagious principle occurs in every tissue, and probably all the fluids of the body, but exists only in the fixed form and never in the volatile form, as is claimed by many. It is thought that the nasal discharge is the most virulent and potent in the propagation of the disease. Saliva, bile, and urine have failed to produce the disease in an animal inoculated with these fluids, but scrapings from the muscles, transfusion of blood, inoculation with synovial fluid, etc., have produced the disease. A horse suffering from glanders in the acute form spreads the disorder with much greater rapidity than one suffering from the disease in the chronic form. The vitality of the virus is wonderful, as it may be dried in the air, remain in that condition for years, and on being rendered fluid by the addition of water is found to be very little, if at all, impaired in activity. It is not rendered weaker by transmission from animal to animal. The contagious principle is present at a very early stage of the disease, and can be communicated even before the glands become enlarged. Boiling renders the virus inert.

*Period of Incubation.*—The period of incubation in the acute form of glanders is short, the disease usually appearing in from four to seven days from the time of exposure, while the chronic form may appear at any time, from seven or eight days up to two or three months from the time the animal was exposed to the contagious influence. Glanders

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exists to a considerable extent in those parts of the country where itinerant horse-traders or gipsies operate.

*Symptoms.*—Chronic glanders is the most common form of glanders, and is oftenest seen in old and debilitated animals. It is one of the most insidious of all diseases; an animal may suffer for months without showing any well-marked symptoms, and while in this condition may communicate the disease to as many horses as come in contact with him. The animal may suffer for two or three years, remain in good condition, and work during that time. The disease is always ushered in with a chill, which may or may not be well marked, in many cases being so slight as to escape observation; at this time slight dulness may also be noticed, the animal heat rises to 101° F., or in some cases the thermometer may show the temperature to be as high as 103° F., but if it passes the latter point the case becomes one of acute glanders. In a short time there may usually be observed a comparatively slight nasal defluxion. The discharge usually issues from but one nostril, although it may issue from both in some cases; when it is from one nostril only, it is almost invariably the left nostril in America and in Britain, while in France it is almost invariably from the right nostril, a circumstance for which no explanation has ever been offered. The discharge is at first of a greenish appearance, but may change to yellow or white; it is very viscid, sticking tenaciously to anything it comes in contact with; it adheres closely around the nostrils, in a manner very similar to the discharge of nasal gleet, but, if anything, is more viscid and adheres more closely. It contains albumen in large quantities, and on being thrown into water readily sinks. This is a test upon which a great deal of reliance is placed; still, it should not be accepted as conclusive evidence that the case is one of glanders. No oil globules can be found in the discharge from the nostrils. As

a rule there is heard a slight cough about this time; the coat becomes dry and staring, and feels harsh under the fingers; the appetite becomes impaired to a slight extent, and the animal gradually falls away in flesh. The nasal discharge may in some cases have a watery appearance at first; soon there may be observed, if the case be closely watched, the formation of little elevations on the Schneiderian membrane, which in course of time become fully developed, burst, and form ragged-edged and pretty deep ulcers, which sometimes heal—such cases, however, being exceedingly rare. When an ulcer of this description does heal, it leaves a white cicatrice, very peculiar in appearance, and looking as though incomplete. The Schneiderian membrane around the ulcerated patches is of a pale or leaden colour. If the disease lasts a sufficient length of time, the Schneiderian membrane becomes a mass of ulceration; the ulcers run together, or communicate, and are then described as confluent; the pituitary membrane may in many cases be perforated; and the pulse is always found to be weakened, but in many cases is not quickened, or if quickened, very slightly so. As the disease advances there may frequently be observed a slight irritation of the eye on the same side as the nostril that is discharging, and a slight purulent discharge may issue from the affected eye; this is frequently one of the first symptoms to put in an appearance. On making an examination, the submaxillary lymphatic glands are found to be hard and indurated, and pretty firmly attached to the bone by the indurated efferent vessel; in some cases the ulcers may exist high up out of sight, and no sign of ulceration be observed in connection with the visible portions of the pituitary membrane. The discharge is not offensive in odour unless the ulcers extend to and affect the turbinated bones, in which case the discharge becomes highly offensive in odour; the ulcers may even extend to

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and involve the pharynx and larynx. If the practitioner meets with a case he is doubtful of, he should explain to the owner of the animal his suspicion that the case is one of glanders, and the animal should at once be isolated in such a manner as to have no communication whatever, either directly or indirectly, with any other animal, in addition to which a debilitating course of treatment should be adopted—as, for instance, a full dose of cathartic medicine may be administered, when, as a rule, the symptoms become better marked, the disease increases in violence, and it becomes plain that the case is one of glanders; or some of the nasal defluxion may be obtained, and the animal inoculated on the hind-leg, when, if the case be one of glanders, farcy will probably appear in a few days as a result of the inoculation. This test, however, while one of the most reliable that can be applied, should not be considered as infallible. As previously stated, there are cases in which the ulcerated patches are not visible, but the leg swells without any visible cause; and this symptom, taken in connection with the presence of a slight nasal discharge, should be looked upon with suspicion. An animal may be under the practitioner's observation for years, and be affected during the whole period, without ever being suspected; the animal may appear to be suffering from debility, and nothing more. A case has been recorded of a number of horses in a certain stable dying every year of glanders, without anyone being able to explain in what manner the disease was contracted; finally they killed an old animal showing not the slightest sign of any disease other than general debility, and made a post-mortem examination, which revealed the presence of the characteristic lesions of chronic glanders. To be more certain, virus was obtained from the body and used to inoculate other animals, in which, as a result, the disease was produced.

*Post-Mortem.*—A post-mortem examination reveals the presence of tubercle in the lungs, and usually in connection with the mesenteric glands. Ulceration of the mucous membranes lining the nasal cavities and sinuses is also met with. On proceeding further backward there may be seen little elevations which have not yet reached the ulcerative stage; the septum nasi may be almost obliterated in some cases, and the turbinated bones may be partially destroyed. The whole of the glandular system is found to be more or less affected, the glands with their vessels becoming enlarged and indurated, and their cavities filled with a sort of pulpy material. The respiratory tract may show evidence of having suffered from a slight inflammation. Care should be exercised in making an examination, or the operator may inoculate himself.

### ACUTE GLANDERS.

The period of incubation of glanders in the acute form, as previously stated, is usually from four to seven days, but occasionally the disease may not manifest itself until fourteen or fifteen days after exposure.

*Symptoms.*—As a rule glanders occurring in the acute form may be readily recognised by anyone acquainted with the disease; but occasionally on the first examination a case may be mistakenly diagnosed as purpura hæmorrhagica. The attack is ushered in with rigors, and well-marked anorexia is usually observed at an early stage; the pulse becomes quickened, the coat staring, a cough is usually present, and frequently there are presented symptoms of pneumonia, indicating that the lungs are affected; this form is called glanderous pneumonia, and tuberculosis is present. The temperature becomes elevated, in some cases reaching 107° F.; the breathing becomes difficult, which is, in most

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cases, due to the lung complication mentioned above, and the head may become slightly swollen. There is a nasal discharge, which is usually more abundant than the discharge of chronic glanders, and is horribly fetid in most cases, as is the breath of the animal. The discharge may also be frequently tinged with blood, in consequence of the opening of a small bloodvessel by ulceration. Ulcers may be seen on the pituitary membrane. These ulcers quickly become confluent, and the membrane a mass of ulceration. The superficial lymphatics of the body and limbs may swell and burst. The animal now presents a most loathsome appearance, and soon dies. In such cases the virus is very potent indeed. There is no great danger in being about glandered horses, unless the person so doing has sores or open wounds on his hands into which the virus may obtain entrance; or it may get into the nose, in which case it is likelier to produce the disease than if entrance into the system was effected in some other way. If it gets into the eye it may cause a little trouble, but even then it is not at all likely to cause glanders.

*Treatment.*—Glanders, so far as is known to the profession, is incurable, whether occurring in the chronic or acute form, and the animal should be killed. It is claimed by some that it is due to the presence of a minute organism, which has been lately discovered, and it is thought that by a species of vaccination it may be possible to arrest the spread of this terrible disease, and control it to a greater or less extent; but the only effectual way to do so is to stamp the disease out, which could be done by proper laws rigidly enforced. An animal, on its being ascertained to have glanders, should be at once killed, and the body buried deeply in the ground, to prevent its being dug up or fed upon by dogs or other carnivorous animals. In place of burying the body, it may be destroyed by fire—an

effectual mode of at once disposing of the body and all danger of disease resulting from it. The clothing, harness, bridles, and everything the animal wore while living, and the drinking-bucket, trough, manger, etc., may be easily and economically disposed of by placing them in a heap and destroying by fire, the loss thus incurred being trivial in comparison with the loss of horses that may result by keeping those articles. The stable, if not destroyed, should be thoroughly cleansed with boiling water, carbolic acid, etc.

### FARCY.

As previously stated, farcy is identical in character with glanders, being the same disease manifested in a different manner. It is sometimes called 'bud-farcy,' 'button-farcy,' etc., and may occur in the acute and chronic forms. When it occurs in the acute form, the symptoms of glanders are quickly manifested, and the animal dies. There are several stages of farcy. It occurs more especially in connection with the superficial absorbents, the lymphatic glands. Generally the disease occurs in the chronic form, as follows :

*Symptoms.*—As a rule, the first symptom to attract attention is a swelling of the limbs, very much like that accompanying an ordinary attack of lymphangitis. The swelling is also very painful. After a time little elevations rise on the line of the lymphatic vessels, and they become corded, giving rise to what are called 'farcy cords.' These elevations in due course of time burst, and become ulcers, from which an unhealthy-looking discharge takes place. This discharge contains the specific poison, or contagious principle, by means of which, when introduced into the system of a healthy animal, an attack of glanders may be produced. The ulcers show no tendency to heal properly.

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Occasionally they may heal, but only to be succeeded by a new outbreak in the same place, or in some other part of the body, which circumstance should be regarded with suspicion. The head may begin to swell after a time, and a discharge take place from one or both nostrils. Glanders in such a case may be considered established. In some cases there may be only one or two little elevations, or abscesses of ordinary appearance, which, on being found to fluctuate, are opened, and heal pretty well. In a week or so another one breaks out in the same place, or in another part of the body, or a large number may appear at the next eruption; this may be continued for a long time. Such a case should be regarded with suspicion and watched closely, as well as tested in the usual way. In other cases a hind-leg may swell to a slight extent and quickly subside again, but the lymphatic glands remain corded. In still other cases the lymphatic glands may become corded without the leg ever having been swollen in the slightest degree. Pressure upon the corded lymphatics causes a manifestation of pain. The lymphatics of the neck, sides, etc., may become corded. In some cases the farcy-buds became indurated, the leg permanently enlarged, and the animal remains in this condition, appearing to get no worse. He also has the power at this time of communicating the disease to other animals.

**Farcy, Acute.**—The acute form of farcy is the form of the disease least frequently met with, and is manifested as follows :

*Symptoms.*—The disease develops itself quickly, and in a manner similar to that of lymphangitis. The animal has rigors, followed by dulness, and on examination pyrexia and anorexia are found, both well marked. The pulse becomes quickened, the coat staring, dry, and dusty in appearance. In a very short time the farcy-buds appear,



develop, burst, and become confluent. Symptoms of glanders in the ordinary acute form may now appear, and death occurs in from ten to fifteen days.

*Treatment.*—As the disease does not admit of cure, treatment should not be attempted, but the animal should be destroyed, and the other measures employed in dealing with a case of acute glanders should also be adopted in dealing with farcy occurring in either form. Cures of farcy and glanders are on record, but such records are probably false, the supposed cases of farcy and glanders either being some other disease, or, if genuine, the so-called cures were nothing more than cures in appearance. Chronic farcy will develop into acute farcy or glanders in every instance. Most cases of chronic farcy can be improved by the administration of tonics, high feeding, touching the ulcers with caustic, etc. But the case can be only temporarily relieved. The animal should be destroyed as soon as the practitioner becomes satisfied that he has a case of farcy or glanders to deal with, as, although the disease may, by a course of medicine, etc., be checked, the virus still remains in the system of the animal, and sooner or later is certain to break out again. Such an animal endangers the lives of other animals as well as the life of his attendant, and for that reason, if for no other, should be destroyed. The practitioner should be very careful in examining affected animals, or he may contract the disease.

## CHAPTER XXIV.

### Variola.

#### VARIOLA EQUINA.

All the domestic animals appear to be subject to variola, or pox, in some form or other. It is similar to small-pox

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in the human family, but is comparatively simple. It is an acute febrile disease, producing eruptions or pustules, and, like all febrile diseases, runs a certain course. It belongs to the zymotic class of diseases, and is propagated solely by contagion, so far as our present state of knowledge goes. After exposure and contagion there is the usual period of incubation, followed by fever, and, in due course of time, an eruption, which appears in the form of small reddish nodules, each, in size, somewhat smaller than a pin's head, and surrounded by a red areola. These nodules gradually change in character and become vesicles, containing a clear lymph, which in due course of time loses its transparency and becomes purulent. The pustules burst, and discharge their contents, forming a dry crust or scales, which wear off in a few days. There is a primary fever and a secondary fever. The fever in a majority of cases is most severe just before the eruption. The disease is usually of a benign character.

*Symptoms.*—The symptoms of variola, as it occurs in the horse, are dulness, more or less fever, in many cases being so slight as to almost escape notice; the pulse becomes somewhat quickened and weaker than usual; there is increased thirst, and the appetite becomes impaired. Soon red patches appear upon the skin, and these patches are depressed in the centre. The nodules appear most thickly about the mouth, nose, Schneiderian membrane, heels, etc., and gradually taking on the character of vesicles, become filled with transparent lymph. The pustular stage now follows, the vesicles becoming pustules, which break and discharge, in some cases, several times in succession. These pustules may become confluent, and when running together on the pituitary membrane have caused the disease to be mistaken for glanders. When the mouth is much affected the animal masticates with difficulty. Variola runs its

course in from eight to fifteen days, and is anything but a serious disease if treated in a rational manner. The virus is in the fixed form, and the disease may be communicated to man and from one animal to another by contact, and by the virus obtaining entrance into a wound or sore. The period of incubation is from six to twelve days.

*Treatment.*—The animal must be kept warm and carefully guarded from sudden chills, draughts of cold air, etc. The danger lies in checking the appearance of the eruption, which should be favoured by every means possible. The internal administration of tonics and a few doses of sulphur is beneficial. Locally, an ointment of zinci sulphas or sulphur may be applied, and the parts kept scrupulously clean by bathing with warm water once or twice daily, drying the parts thoroughly afterwards with a very soft cloth. If fever be well marked, a few doses of febrifuge medicine may be given; violent astringents locally are uncalled for. The food should be the best procurable, and of a kind nutritious and readily digestible as well as of a laxative character. The animal should be placed in a large, airy loose-box; the box should be large, so that the animal may be able to exercise himself to a certain extent.

### VARIOLA VACCINIA.

The occurrence of variola is more common amongst cattle than any other class of animals. The disease, which is also very commonly known as cow-pox, is one of frequent occurrence in every quarter of the globe; as a rule, it is not attended with any great fatality. It is an eruptive pustular disease, and may occur in connection with any part of the body, but is usually confined to the udder. In England it has been observed to occur with greatest severity

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*Symptoms.*—Pyrexia is invariably present, and may or may not be well marked. The flow of milk is arrested to a greater or less extent. As a rule, the decrease of milk, while noticeable, is slight. The appetite is observed to be impaired to a certain extent, and rumination may be suspended. The thermometer indicates a slight rise in the temperature of the animal. The skin of the udder and teats presents a reddened or slightly inflamed appearance, and after awhile red patches occur upon which appear small, hard nodules, known as papulæ. This stage is known as the papular stage, and lasts three or four days. The papulæ gradually take on the character of vesicles, becoming filled with serum or lymph, and, like the vesicles in 'variola equina,' are depressed in the centre as though bound down, and are surrounded by deep red areolæ. This stage is known as the vesicular or second stage of the disease. The vesicles now gradually begin to take on the character of pustules, the contents becoming purulent, and the third or pustular stage of the disease is now reached. Four or five of these pustules may be upon one teat, and each the size of the end of a finger.

*Treatment.*—Absolute cleanliness must be observed. A simple ointment, as calamine ointment, may be applied locally, and a few doses of febrifuge medicine should be administered. A mild laxative may be given with beneficial results. The animal should be fed upon good food of a laxative character, and given in proper quantities. Great care must be exercised to prevent exposure to draughts of cold air, taking cold, etc. Any ointment that may be applied locally may be improved by the addition of a small quantity of carbolic acid. The animal should be carefully isolated from other animals, and the milk should not be

used. The person attending to the affected should not be allowed to attend to those animals unaffected, as the contagion can in this way be carried from one animal to another. The lymph, or vaccine matter, used to vaccinate people for purposes of protection against small-pox, is obtained from cattle suffering from this disease. One attack secures immunity from subsequent attacks.

### VARIOLA OVINA.

Variola ovina, or sheep-pox, occurs in two forms. In one form it is mild and by no means a serious disease, but in the other form, which is described as 'malignant,' it is very severe, similar to small-pox in the human family, and is very fatal. In the benign form the vesicles appear, scabs form, and in due course of time fall off, leaving depressions in the skin, and wool never grows upon these parts again.

*Symptoms.*—No vesicles appear in the malignant, as in the benign form of the disease. The fever is well marked. The pulse is quickened, the animal dull and dejected, and the animal temperature becomes elevated in some cases to 108° F. The eruption is first observed as small red points, which, gradually increasing in size, frequently become confluent. The febrile symptoms are not so severe in those cases where the eruption is well marked. There is usually diarrhœa, and the urine is scant in quantity and high in colour.

*Treatment.*—Like all fevers, it must not be checked in its course. A few doses of febrifuge medicine may be given; chalk may be administered to prevent or relieve diarrhœa, and the patient should be protected from draughts, etc., nursed carefully, fed well, and given tonics.

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## CHAPTER XXV.

## CASTRATION.

The operation of castration is usually performed when the colt is about one year old, which, taking everything into consideration, is the best age for the performance of the operation. It may, however, be performed on animals very much younger, or a great deal older, than the age mentioned. If it is desired to have the horse heavier in the forehand—that is, improve the neck and fore-quarters—the desired object may be effected by allowing the animal to attain an age of two or three years, or, in certain rare cases, four or five years, before operating. Removal of the testicles may be effected in various ways, and there is every now and then some new method of operating introduced to the notice of the profession, the latest being the operation with the 'ecraseur,' which is rapidly coming into favour. Castration is usually performed during the spring. The months of May, June, and September, being temperate, are good months in which to perform the operation, and no animal should be subjected to it when the weather is excessively warm, or very cold, as in warm weather the flies prove a great source of annoyance to the animal, collecting around the wound, and depositing their ova, as a result of which, in a few days, it may be a mass of maggots, and sufficient irritation set up to cause the death of the animal ; while in cold weather the animal, especially if allowed to run out, will be likely to take cold in the wound, in which case a fatal result may be expected to occur. As a rule the colt should have a run at grass for ten days or a fortnight before being operated upon. The system is, in this way, cleared of all morbid material, and the animal fitted for the operation.

A mature horse should be in the best of condition—that is, in medium flesh, hard, and perfectly free from disease of any kind. A horse may be taken out of harness and operated upon immediately, providing he has been working for some time, and is hard and healthy. In such a case bad results rarely occur. Race-horses in training are often castrated, suffering very little inconvenience, rarely missing a feed or showing the slightest constitutional symptoms in consequence of the operation. An animal that has been kept housed up in a badly-ventilated or filthy place should not be operated upon, neither should one just recovering from or while suffering from disease, particularly such diseases as are of a highly debilitating character, as influenza, strangles, etc. In case such an animal is operated upon bad results are almost certain to follow. The operation should never be performed in the neighbourhood of a dissecting-room, or any tainted locality, as, for instance, in the immediate vicinity of heaps of manure, decomposing material, etc., or serious results may be expected to follow. Besides, the hands, and *instruments* in particular, should be scrupulously clean, and it should also be borne in mind that the clothing of the operator is capable of conveying infection, or any morbid material, the introduction of which into the animal economy may cause a severe and possibly fatal case of blood-poisoning. Before operating, the animal should be made to undergo a few days' preparation. If gross, he may be given a mild laxative, and fed well, exercised moderately, etc. No food should be allowed for several hours before operating, as the animal will not stand the operation so well when the stomach and bowels are full as when they are empty, for the reason that a large amount of vital force is expended in the process of digestion. On the same principle the animal should not be allowed to exercise himself in a violent manner, or drink a large

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quantity of water, immediately before being operated upon. Some operate upon the animal whilst allowing him to retain the standing position. This method, while slightly inconvenient, is by no means difficult, neither is it attended with much danger, as the animal almost invariably submits, and ceases all opposition on feeling the knife pass into the testicle. But the operation thus performed is highly objectionable, for the following reasons. Some animals will not allow the parts to be handled at all, and the operator, whilst endeavouring to get hold of a testicle, may be kicked and sustain a serious injury. Again, hernia may be present, and on opening the scrotum the bowel may be wounded, or descend to the ground and be trampled upon, and the death of the animal thereby caused. In any case, if hernia be present and the bowel escapes injury, it becomes necessary to cast the animal at once, for the purpose of reducing the hernia. There are also some other minor reasons why the animal should be cast before being operated upon, that need not be discussed here. The only argument that can be employed in defence of the performance of the operation upon an animal without casting him is that he may sustain injury while being cast; but such an argument may justly be regarded as a very weak one, when it is taken into consideration that with proper precautions, etc., injury is a very rare occurrence indeed, probably not occurring more than once in a thousand times. Even if injury to the animal occurred with far greater frequency than it does, it would still be better to cast it for the operation, as an occasional broken back or sprained muscle in a horse are undoubtedly matters of far less importance than similar injuries to the person operating. There are various ways of casting and securing the animal, each method probably possessing some individual advantage over the others. It would be impossible to explain the



different ways of casting, except by a practical demonstration. Suffice it to say that the easiest and gentlest method by which the animal can be placed upon the ground is the best. He should never be cast upon a hard surface, unless such be first covered with some soft material, as a deep bed of straw or hay, etc. After casting the animal he may be placed upon his side, or upon his back, as preferred by the operator. The sheath and penis should be carefully cleansed by washing with tepid water, and lubricated afterwards. An examination should now be made to ascertain whether hernia be present, in which case it will be necessary to castrate the animal by what is known as the covered operation. If the hernia be small, the operator should expose the tunica vaginalis and place the clamps upon it. If the hernia be one of large size, the clamps should be placed over scrotum and all, and the parts allowed to slough off. In the absence of any abnormal conditions, the operation may be proceeded with in any of the following ways, as preferred by the operator :

The first step consists in taking a firm grasp of one of the testicles, preferably the smallest. It should be grasped in such a way as to cause a firm stretching of the scrotum over the gland. A castrating-knife, several varieties of which are to be had, should now be used, with which a bold incision should be made. The incision should be made close to the raphe, and carried pretty well forward, in which case proper drainage of serum, pus, etc., from the wound will be insured. On making the incision the testicle immediately escapes from its coverings, and the rest of the operation may be conducted according to any of the following methods :

**Caustic Clamps.**—This is a very old as well as a successful method, and consists of placing two wooden clamps (or metallic clamps, the former, however, being preferable)

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upon the cord, and securing them firmly and in such a manner as to shut off the circulation. The clamps are two pieces of wood, each about one foot in length, with a groove running down the centre, which is intended for the reception of a caustic paste or ointment, as hydrarg. biniod. or hydrarg. perchlorid. After the clamps are securely placed, all the tissues beneath should be removed with a sharp knife, and the animal allowed to rise. The clamps may be allowed to remain on for twenty-four hours, after which time they should be carefully removed, as, if they are removed carelessly or torn off in a rough manner, a serious hæmorrhage may ensue.

**Actual Caution.**—Castration by this method was much practised in France and England until recently, and is essentially the same method as that last described. Having exposed the testicle, a steel or wooden clamp, wood being preferable, is placed upon the cord in such a manner as to check the circulation. The next step consists in severing the cord about half an inch below the clamps, after which an iron at a medium heat should be used to sear the open mouths of the bloodvessels, the end of the cord, etc. The iron should not be too hot, or it will not effect the desired object. Some operators do not use the knife at all in this operation, but expose the testicle, divide the cord, etc., with the hot iron. But such an operation entails much unnecessary pain, and should not be practised under any circumstances. Castration by this method is very successful in colts of a year old, and less than that age.

**Ligature.**—The use of a ligature to arrest the hæmorrhage resulting from division of the arteries in the operation is undoubtedly the most surgical of all methods employed. It is, however, objected to by some practitioners of great experience, who claim that the method is not a success-

ful one, being frequently followed by bad results; but why such should be the case is not very apparent. The method, as pursued by some, of ligating the whole cord, is, of course, highly objectionable, and likely to be followed by bad results. The operation, as properly performed, consists of applying the ligature to the artery only. The non-vascular structures should be divided with a sharp scalpel. Having reached the spermatic artery, it should be drawn out to a slight extent, and the ligature applied in a secure manner. The artery, being convoluted, should be drawn out to straighten the free end, so that ligation may be properly performed. Division of the artery may now be effected below the ligature, and the animal allowed to rise. The ligature should be of strong silk, and may be improved by waxing. One end of the thread should be left hanging out of the wound in the scrotum, and it will come away usually in about eight or ten days after the operation. Bleeding from the artery of the cord sometimes occurs, but need occasion no alarm.

**Torsion.**—Castration by torsion is a very successful as well as humane method of performing the operation. Having exposed the testicle, some operators place clamps or forceps made for the purpose upon the cord. It is preferable, however, to first divide the non-vascular portion of the cord, and place the clamp or forceps upon the vascular portion. These forceps should be held, or steadied, by an assistant while the surgeon applies another pair of forceps to the vascular portion of the cord, and begins to turn his forceps steadily and slowly until the tissues give way. The arteries will be the last to give way. When thorough division of the cord is effected, the clamps or forceps should be removed, and the cord allowed to escape. From fifteen to twenty-five turns of the forceps will be required to accomplish thorough division of the tissues. Hæmorrhage

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rarely follows the operation by torsion ; in case it does occur, it may be checked by touching the mouth of the bleeding vessel with a hot iron, or by applying a ligature. A trivial objection made by some practitioners is that torsion occupies too much time. Torsion is the favourite method of Professor Williams.

**Ecraseur.**—The operation of castration with the *ecraseur* is the latest method introduced to the notice of the profession. It has every advantage, with none of the disadvantages, of the other methods of operating, and before many years have elapsed will probably be practised almost to the exclusion of the older ways. The chief difficulty consists in getting a proper instrument. It should not be too sharp, or it will make a clean cut similar to that of a knife, and hæmorrhage is certain to follow ; on the other hand, it should not be too dull, or separation of the tissues cannot be effected except by pulling them apart—a proceeding that is equally certain to be followed by hæmorrhage. On using an *ecraseur* for the first time, it is advisable to place clamps upon the cord as a precautionary measure in case hæmorrhage takes place. The practitioner should get a good strong *ecraseur*, see that all its parts fit well and work smoothly, that it is neither sharp nor dull, but occupies a medium place between the two extremes. A duplicate chain should always be held in reserve in case the chain in use breaks. It is the best instrument for performing the operation upon an animal in the standing position. After casting the animal, and exposing the testicle, the chain of the *ecraseur* should, if long enough, be passed over the testicle ; or, if too short, one end of the chain may be removed from its slot, and the chain passed around the cord above the testicle and again secured. The chain should now be drawn up so as to closely embrace the cord. The slack may be taken up by

a few quick turns of the screw. As soon as the chain begins to compress the cord tightly, the revolutions of the screw should proceed more slowly, and should be steady. In a few seconds the chain completes its passage through the cord, the latter escapes into the vaginal sac, and the operation is finished—no loss of blood having occurred except such as results from a slight venous hæmorrhage taking place from the scrotum, etc.

**Scraping.**—Division of the cord by scraping it with a knife is sometimes practised, and is the method usually followed in China. This operation may be performed successfully in young animals, but is accompanied by considerable risk.

**Bruising the Testicles** is a barbarous practice, and deserving of no notice.

## CHAPTER XXVI.

### CASTRATION (RESULTS OF).

The results of castration are normal and abnormal.

**Swelling.**—There is usually more or less swelling of the parts observed in a day or two after the operation. This may be considered as a normal result, and so long as no constitutional symptoms are manifested, as fever, loss of appetite, etc., needs no comment. The swelling may take on an œdematous character, and cause phymosis, in which case relief may be afforded by puncturing or scarifying the swollen parts, and bathing nicely with tepid water; the food should be of a laxative character, and the animal should be exercised gently every day, or turned out on pasture.

**Suppuration.**—Suppuration may be regarded as a normal result of castration, as it almost invariably follows the oper-

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ation; if it occurs about the third day and the discharge is a healthy one, it may be regarded as a good sign. When the discharge is unhealthy in appearance—is fetid in odour, etc., or no discharge takes place, and the pulse quickens, febrile symptoms appear, etc., the case is doing badly, and the parts should be fomented, a laxative administered, and everything possible done to cause healthy suppuration.

**Adhesions.**—Whilst operating, the surgeon may meet with strong adhesions between the tunica albuginea and the tunica vaginalis; these adhesions may be broken down with the fingers, or handle of the scalpel, or may be dissected away.

**Pain.**—Pain may be regarded as a normal result of castration, and may occur in connection with the cord, or may be due to a slight attack of colic, etc., in which case relief may quickly and certainly be afforded by the administration of a dose of opium, subcutaneous injections of morphia, etc.

**Secondary Hæmorrhage.**—Secondary hæmorrhage must be regarded as a normal result; the bleeding may be resumed immediately the animal rises to his feet. If it is a hæmorrhage of an alarming character, the animal should at once be recast, the artery searched for and seized with the bull-dog forceps, and a ligature applied. Sometimes it is found to be very difficult or almost impossible to get hold of the cord or bleeding vessel, and in such a case the scrotum should be plugged with tow or cotton, the plug saturated with a styptic, and retained in place by means of sutures through the scrotum; in some cases there may be internal hæmorrhage, but the danger of such an occurrence is not very great. The plug should be removed in twenty-four hours or so, and the clotted blood allowed to escape. In cases of slight hæmorrhage the application of cold water and other refrigerants, without casting the animal, will usually be sufficient. If cold does not stop the hæmorrhage a styptic should be employed, as before recommended. In cases where the

wound closes too soon, it should be re-opened by breaking down the adhesions with the fingers, after which bathe nicely with tepid water.

**Peritonitis.**—Peritonitis may follow the operation when it has been performed in a bungling or rough manner. Drawing the cord down too far when castrating the animal may cause an attack, as may the use of too much caustic when the operation is performed with the clamps. It may also be caused by exposure to cold weather, etc.; in fact, anything that acts as an irritant to the parts may give rise to an attack of peritonitis. It sometimes occurs without any assignable cause, and in many cases may be due to the animal being in poor condition or otherwise unfit for the operation. It is by no means an uncommon result, and when it occurs usually appears about the third day after the operation has been performed, and occasionally is observed even when the operation of castration has been performed under the most favourable circumstances. It manifests itself in the usual way, and should be treated as an ordinary case of peritonitis. For treatment, etc., see 'Peritonitis.'

**Tetanus.**—Tetanus as a result of castration may occur irrespective of the method employed, or the condition of the animal at the time of operating, hence the surgeon performing the operation should not be blamed. The disease usually appears about the time the wound begins to heal nicely; an attack may also be induced or excited by exposure to cold and wet weather, standing in a stream of cold water, etc., and may occasionally take place without any such exciting causes, the presence of the wound being sufficient to account for its occurrence. It may also occur as a coincidence, that is, a case of traumatic tetanus may result in consequence of the presence of some other trivial wound without being in any way influenced by the large

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wound, or an indiopathic case of tetanus may also appear without reference to the wound. For symptoms, treatment, etc., see 'Tetanus.'

**Hernia.**—Hernia may be present at the time of the operation, or may occur shortly after castration. If very great, the animal lies down of his own accord in the majority of cases; but if he does not, it becomes necessary to cast him. As a rule the hernia exists previous to the operation, hence a careful examination should invariably be made before operating, to ascertain the presence or absence of hernia. A portion of the bowels may descend to the ground and become badly torn or lacerated by the animal stepping upon them; if they have sustained any such injury the animal should be destroyed immediately, as the case is, of course, a hopeless one, admitting of no remedy whatever. However, if the bowels are not lacerated, a cure may be effected. They should be gently and thoroughly cleansed by washing with tepid water, after which they should be carefully passed back into the abdominal cavity and retained by means of clamps placed over the tunica vaginalis, or sutures may be used; the scrotum also may be clamped or sutured, a cooling diet prescribed, and the animal kept perfectly quiet for a few days, and as a rule the cure will be a permanent one. See 'Hernia.'

**Abscess of the Scrotum.**—Abscess of the scrotum may also occur as an abnormal result of the operation of castration. In some cases it may be directly due to the imprisonment of pus, in consequence of an insufficient opening having been made into the scrotum and tunica vaginalis. The entrance of foreign bodies, and exposure to cold, may give rise to abscess of the scrotum, and fistulous openings may also be present; as a rule the formation of pus takes place about three weeks after the performance of the operation. The symptoms are the same as those of an abscess occurring



in any other part of the body; more or less swelling takes place, the scrotum feels hard and tense, pressure causes pain, etc., and usually a little opening can be seen in the scrotum. In many cases the abscess is situated high up, nearly to the abdominal ring.

*Treatment.*—The treatment consists in reopening the original wound made in castrating the animal; it should be opened to the bottom; in some cases it may be necessary to use a probe several inches in length to reach the pus; the parts should be well fomented and frequently cleansed with warm water, and a seton may, if thought necessary, be inserted for the purpose of keeping the wound open. Slight lameness may arise from irritation in this quarter, but it is only a symptom, and will disappear with the cause. In some cases when opening the parts freely, a considerable amount of hæmorrhage may occur, but not to a dangerous extent; a laxative may be given the animal, and if septic poisoning is apprehended, benefit will result from the internal administration of sodium hyposulphite, acid. carbol., etc. If the abscess be neglected and breaks internally, it will cause the death of the animal. A course of tonics and alteratives may be given, and will, by purifying the system, tend to prevent the formation of an abscess in the scrotum in a year or two afterwards—a result that otherwise is likely to take place.

#### CHAMPIGNON.

Champignon, or schirrous cord, consists of a cauliflower-like excrescence, or growth, involving the free extremity of the spermatic cord, and may result in consequence of the cord being left of too great a length when castrating the animal. It may also be caused by adhesions between the cord and scrotum, or by any irritation in connection with the end of the cord. If adhesions are observed to exist in

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two or three weeks after the operation of castration, they should be broken down and the cord pushed up into the inguinal canal. In this way schirrous cord may often be prevented. When champignon is of short standing—of two or three months, for instance—its extirpation may easily be effected; but in old cases of long standing, in which the excrescence has, perhaps, attained the size of a man's head, new bloodvessels have formed, etc., the operation becomes one of considerable difficulty and danger, the hæmorrhage resulting from the removal of such a growth usually being of a most alarming character.

*Symptoms.*—Great irritation exists in connection with the cord and the surrounding structures, which causes a severe drain upon the vital energies of the animal. He gradually falls off in condition and becomes dull and listless, and there is usually stiffness or lameness observed during progression, with many other signs of pain. In some cases there is a tendency to suppuration, fever, great debility, exhaustion, and death.

*Treatment.*—As it is evident that the symptoms presented of irritation, pain, etc., are due to the presence of the fungoid growth upon the free extremity of the cord, it becomes equally apparent that the removal of the source of irritation will be followed by cessation of the symptoms, and a cure effected. Hence the animal should be given a day or two of preparation, and the system got in as good condition as possible. The patient should be cast and firmly secured, the adhesions between the fungous growth and the scrotum should be divided, and all other adhesions existing between the cord and neighbouring structures should also be broken down. The practitioner should make it a point to free the whole of the mass from the surrounding tissues, which having done, he may proceed as follows to remove: Place the clamp upon the cord above the

diseased portion, and proceed as for castration; cutting the champignon away, the resulting hæmorrhage may be arrested in any of the ordinary ways, as by the actual cautery or ligature. Styptics will rarely suffice, and alone should not be trusted to. In cases where the cord is diseased high up, the clamps cannot be applied. A very good instrument with which to remove a growth of this kind is the ecraseur; but in the case of a very large tumour severe hæmorrhage may follow its use. Slow and steady torsion may usually be practised with success in the removal of champignon. Frequently removal of these growths is attempted by the employment of caustics, and the actual cautery, as plunging a red-hot iron rod longitudinally through the diseased mass. Such practices, however, are barbarous and cruel in the extreme, and should be discountenanced. The after-treatment consists in allowing the animal plenty of food of an easily digestible, nourishing, and laxative character, rest for awhile, and after a few days gentle exercise.

**Amaurosis.**—Amaurosis occasionally occurs as a result of castration, and in most cases is due to excessive hæmorrhage. The condition sometimes lasts for several days; but as the animal regains strength it usually disappears. In rare cases, however, blindness becomes permanent.

**Glanders and Farcy** are said to be results of castration. Their occurrence, however, in no way depends upon the operation of castration.

## CHAPTER XXVII.

### Diseases of the Organs of Generation (Female).

#### **METRITIS.**

Metritis, or inflammation of the womb, is most frequently met with amongst cows and ewes, but occurs in all mammalia. When it occurs in the mare, it is usually

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as a result of the improper use of obstetrical instruments, or the injudicious employment of force, during the act of parturition. It may also be caused by exposure to cold and damp weather soon after foaling, etc. If the whole of the womb-substance is affected, the most probable termination is death.

*Symptoms.*—The animal shows slight uneasiness, which increases, becoming better marked as inflammation proceeds. Soon considerable pain is manifested, and the patient may lie down and roll. When standing, more or less arching of the back may be observed; the pulse-beats increase in frequency; the temperature heightens, and greater than ordinary thirst is manifested, all the symptoms of pyrexia making their appearance in a well-marked form at an early period of the disease. The appetite, at first impaired, finally becomes lost altogether, the animal refusing every description of food. Urine is passed frequently, and occasionally a reddish or brownish fluid escapes from the vagina. The bowels are generally constipated, cold sweats break out in patches over the body, the countenance becomes haggard and anxious, and unless the condition be speedily relieved death quickly occurs. An examination per rectum, or through the vagina, reveals increased heat of the womb, and may cause the animal to evince pain. Inflammation of the womb in a virgin mare rarely, or never, occurs.

*Treatment.*—If the pulse is found to be strong, full, and bounding, Fleming's tincture of aconite, in the usual doses, will be found useful to control the heart's action, and combat the progress of inflammation. Opii pulv. or belladonna may be freely given to allay pain. Hypodermic injections of morphia may also be administered for the same purpose, and have the advantage of acting very quickly. The patient may be afforded great relief by

enemas of tepid water. The cavity of the uterus may also be injected with tepid water containing a proper proportion of opii tr. If the animal is in a comfortable place, well protected from cold, draughts, etc., great benefit will accrue from the application to the abdomen of blankets wrung out of hot water, and covered with dry blankets. Mustard, strong stimulating liniments, etc., may be applied as counter-irritants. An oleaginous laxative may be given, if thought desirable. If the discharge remains after the irritation ceases, the womb should be injected twice or thrice daily with the following : acid. carbol., pars i. ; aquæ, partes xl. The patient should be kept very warm. If perspiration can be induced in the acute inflammatory stage of the disease, it will usually be followed by a marked improvement. In cases of metritis in the mare arising from the use of instruments, or the employment of force during the act of parturition, a fatal termination may be expected, the mare not standing the use of obstetrical instruments as well as the cow. In those cases not due to injury, recovery may usually be expected to take place.

**Endometritis.**—Endometritis signifies inflammation of the mucous membrane lining the uterus. It is not so serious a condition as the one previously described. The causes, nature, symptoms, treatment, etc., are practically the same as in metritis.

### LEUCORRŒA.

(Whites)

Leucorrhœa, or, as it is frequently termed, Whites, is a disease of the mucous membrane of the uterus, and sometimes of the vagina, and is characterized by the outpouring of a viscid and somewhat milky-looking discharge, which may be caused by a chronic or subacute inflammation of the mucous membrane of the parts, or may be due to a slight irritation caused by retention of a portion of placenta.

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It is most frequently seen in old and debilitated animals, in such cases debility being the only cause that can be assigned for the disease.

*Symptoms.*—There may be seen a glairy white discharge constantly issuing from the vulva, and running down the thighs. In some cases the belly is tucked up, in other cases it is more or less pendulous. The disease is a common one amongst cattle, particularly the finer breeds, and is often associated with tuberculosis. Ovarian disease may also occasionally give rise to leucorrhœa. At times there may accumulate large quantities of the mucus, which, on exercising the animal, comes away as described above, and besides being possessed of a fetid odour, gives the animal a very unsightly appearance.

*Treatment.*—The treatment of leucorrhœa embraces both constitutional and local measures. The food should be of the best quality procurable, highly nutritious, of a readily digestible and laxative character, and should be allowed in liberal quantities. Powerful alteratives and tonics are indicated, such as ferri iodid., potassæ iodidi, etc. Copaiba balsam, and belladonna or atropia, will be found useful to check the excessive mucous discharge, besides which the cavity of the womb may be injected with a solution of carbolic acid, one to sixteen, in cases where the discharge is very fetid. After the first injection a weak solution, as one to thirty-six, should be used.

### HYDROPS UTERI.

Dropsy of the uterus consists of an accumulation of fluid within the cavity of the womb. This condition may sometimes be brought about by retention of the œstral fluids, mucus, etc.

*Symptoms.*—The animal is often supposed to be pregnant, but as time progresses gradually falls off in flesh, and on an

examination being made, it is found that no fœtus is contained within the uterus. In some cases periodical evacuations take place.

*Treatment.*—The treatment consists in drawing off the accumulated fluid, which may be easily done by means of a catheter. After the fluid has been drawn off, astringent lotions should be injected into the uterine cavity. Carbolic acid, one to twenty, may also be used. Atropia, or belladonna, and potassæ iodidi should be given internally, the animal fed well, etc. In some cases there may be a dead and decomposing fœtus in the womb, which must be removed, and the above-mentioned treatment employed. Tonics, as iron, gentian, quinine, etc., are all of great benefit.

*Tumours.*—Tumours of various kinds are occasionally met with in connection with the uterus. They occur most frequently in old and debilitated animals. They can be removed, but in a majority of cases it is not worth while to attempt their removal.

### VAGINITIS.

Inflammation of the vagina may be due to contagious influences. A frequent cause is difficult parturition, especially in cases where the use of obstetrical instruments becomes necessary. Exposure to cold after parturition will also cause vaginitis, as will the forcible introduction of foreign substances into the vagina, as fork handles, etc., by mischievous boys. Injuries may be received during coition, on account of the penis of the stallion being of an extraordinarily large size, and vaginitis follow.

*Symptoms.*—The mucous membrane of the vagina on being examined is found to be reddened, hotter than natural, and painful. At first it is dry, but soon is moistened by a copious discharge.

*Treatment.*—A mild laxative should be given, and followed

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by a febrifuge. If the pulse is higher than normal, and full, aconite may be given in the usual quantities. Soothing applications should be made to the walls of the vagina, injections of warm water being very useful to allay irritation. A decoction of poppy-heads, with plumbi acetas, zinci sulphas, etc., will be found useful employed as an injection. If the discharge persists after the acute symptoms have disappeared, ferri iodid., in the ordinary sized doses, should be administered, as often as may be deemed necessary in the judgment of the practitioner. It is one of the most useful agents known to arrest excessive discharges from mucous membranes in all parts of the body. Good food in liberal quantities, mineral and vegetable tonics, etc., may be given in the convalescent stages.

**Vulva, Abscess of.**—Abscesses occasionally occur in connection with the vulva, being caused by injuries of various kinds. The symptoms are those of abscess occurring in any other part of the body. The treatment is also the same as for abscess anywhere else.

**Vulva, Closure of the Lips of.**—This condition is one not very commonly met with. It occurs in consequence of injuries to the mucous membrane of the vulva, and may follow parturition weeks afterwards. Debility, in all probability, also exerts a certain amount of influence in the production of this condition.

*Treatment.*—The treatment merely consists of separating the lips of the vulva, which may usually be done with the fingers. In case separation cannot thus be effected, a scalpel should be used to separate them. The irritation thus set up, or that may have existed previously, may be allayed by fomentations, astringent lotions, and, lastly, with cold applications, which will also give tone to the parts. A pledget of tow, cotton, or some similar soft material, saturated with a bland oil, should be inserted



between the lips of the vulva to prevent adhesion. The pledget should be replaced every time it becomes displaced. In a day or two no further danger of the vulva closing need be apprehended.

### PROTRUSION OF THE VAGINA.

Protrusion of the vagina is a by no means uncommon condition, and may follow difficult parturition, especially in those cases where the foetus is dragged by main force from the mother. It may also be caused by an animal lying upon a sloping surface, with the hind-quarters much lower than the rest of the body. Constipation, or anything that causes an animal to strain, will also cause it. In many cases an insufficient supply of food, damaged food, debility, etc., play an important part in the production of this condition. Sometimes the vagina will bulge out and present a reddened tumour-like mass, larger than the closed fist of a man, frequently causing the condition to be mistaken for inversion of the uterus. A manual examination of the parts will, however, reveal the true character of the trouble.

*Treatment.*—If the protruding portion of the vagina be irritated or dirty, it should be carefully cleansed by washing in tepid water, to which a portion of opii tr. may be added to allay irritation. The parts should now be gently forced back into place, and the hind-quarters of the animal elevated several inches. In some cases it may be necessary to place sutures in the lips of the vulva, to retain the vagina in position. Astringent injections into the vagina will be found useful. Enemas to clear out the rectum should be given frequently; and a mild laxative may be administered. Straining on the part of the animal may be prevented by the administration of opiates. The diet should be of a laxative character, highly nutritious,

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**Clitoris.**—The clitoris may become diseased in various ways, such conditions being most frequently noticed in old and debilitated mares. Tumours of various kinds sometimes occur in connection with this organ. For such growths, when of a malignant character, very little can be done. In some cases the clitoris may be ulcerated or otherwise diseased to such an extent as to necessitate its removal. This operation is by no means an unimportant one, as may be imagined, and should not be performed except in cases of necessity.

## OVARIAN DISEASES.

Enlargement of the ovaries sometimes comes under observation, and tumours of a fibrous or encysted character are occasionally met with in connection with these bodies, encysted tumours being the most common. Ovarian diseases are most frequently met with affecting old cows and mares that have been bred several times, when they attract attention by suddenly refusing to breed. These conditions are very difficult to diagnose.

*Symptoms.*—The mare steadily refuses the horse, or may allow herself to be covered a number of times, but fails to conceive. In a short time she begins to fall off in flesh; œstrum may be manifested regularly, and at the usual time of year, and may extend over a longer period than it should; slight abdominal pain may frequently be manifested by the animal; and there is usually a well-marked and increasing irritation of the urino-genital system, and a slight muco-purulent discharge from the vulva. The animal has a generally unthrifty appearance; tires easily, etc. If the ovaries are enlarged to any great extent, an examination per rectum will reveal the fact. In some cases they attain

an enormous size, and may produce death from exhaustion, strangulation of a bowel, etc. There is not in all cases a discharge from the vulva.

*Treatment.*—The condition can only be remedied by the performance of a surgical operation. If a tumour, its removal necessitates an operation of the most delicate character. Perhaps the best method in such a case would be to remove the ovary with the tumour—constituting the operation of ovariectomy, which will be described further on.

**Ovaries, Dropsy of.**—One or both ovaries may become greatly distended with fluid, giving rise to no well-defined symptoms, except the general symptoms of ovarian disease.

*Treatment.*—In some cases the accumulated fluid may be successfully removed by puncturing the ovary, and drawing the fluid off. The after-treatment is that calculated to prevent inflammatory action. A course of potassæ iodid., etc., to prevent further accumulation of fluid.

**Œstromania.**—Œstromania, or perpetual bulling, as it is very commonly called, when occurring in the cow, is due to some abnormal condition of one or both ovaries. Such an animal is a bad one to have in a herd, as she keeps the rest of the cows as well as herself in a constant state of excitement. She falls off in condition, has a variable and perhaps depraved appetite, and is always ready to receive the male. Occasionally such an animal will conceive; but as a rule they never become pregnant, and are a continual source of trouble.

*Treatment.*—The symptoms may be allayed by the administration of large doses of opium. Ferri and potassæ iodidi may also be given with advantage in many cases. However, the best and only effectual method of treatment is removal of the ovaries, the operation usually being known as ovariectomy.

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**Nymphomania.**—This disease, or condition, as in many cases it cannot be called a disease, is essentially the same as the one just described under the head of cestromania. The symptoms and treatment are also about the same.

**Ovariectomy.**—This operation has been known for a great number of years, and at one time was practised to a very great extent, but at the present day is very rarely performed by the intelligent practitioner, except with a view to the cure of disease. It is claimed that the removal of the ovaries from a milch cow causes an improvement both in the quality and quantity of the milk, and that she will continue to have a full flow of milk every day for several years in succession. It is also claimed that such animals require less food, and are preferable in every way to animals in which the ovaries have not been removed. The operation is frequently performed upon pigs, with a view of preventing impregnation. It is also claimed that they fatten quicker, in consequence of the ovaries being removed; but such arguments are very weak as compared to the arguments that can be brought to bear against the operation from a humane point of view. The fact that very little, if anything, is to be gained by the operation, and that it invariably causes severe suffering, and is frequently fatal, should be sufficient to deter the practitioner from performing it, except with a view of curing or alleviating disease, saving life, etc. The operation may be performed by cutting into the side of the animal, the right side usually being selected in cows. It is also performed by cutting into the abdomen through the median line, this method not being very successful. The French method of operating consists in passing the hand into the vagina, through the walls of which, at the upper part of the passage, and two or three inches posterior to the os uteri, an incision is made; the broad ligament is found, and the ovaries drawn out and

removed, preferably by means of the ecraseur. In some cases the ovaries may be removed with a knife, and the bloodvessels closed by means of a catgut ligature, which will in a few days become removed by absorption, and cause no irritation whatever. In case a silk ligature is used, it is advisable to allow one end to hang out of the external wound, so that it can be removed at the proper time, as it is not capable of removal by absorption, and would be likely to set up irritation of the parts, perhaps resulting in death of the animal. Some surgeons make an incision on each side when removing both ovaries. Such a procedure is entirely unnecessary, an opening on one side being sufficient to remove them. All unnecessary pulling, etc., should be avoided, the operation being performed as gently as possible. The hands and instruments should be scrupulously clean, or carbolic acid lotion may be used upon them. After the operation, during which chloroform should be used, the lips of the external wound may be secured in place by means of sutures. Keep the patient quiet a few days, give laxative food, etc.

## CHAPTER XXVIII.

### Pregnancy, Parturition, and their Results.

#### THE FŒTAL ENVELOPES.

The chorion is the most external of the foetal envelopes, and is intimately connected with the uterus, having its form, etc. The amnion is the most internal of the foetal coverings, immediately surrounding the foetus, and is the membrane which secretes the liquor amnii. Between the chorion and the amnion is found the alantois, which is somewhat similar to a serous membrane, in having two coats. During early foetal life there exists a small pear-shaped pouch or bladder, known as the umbilical

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vesicle. This disappears as the period of gestation draws to a close.

**Placenta.**—It is by means of the placenta that the foetus gets its supply of pure blood. Here it is that the interchange of gases takes place by the process of osmosis, the blood of the foetus receiving oxygen from that of the mother, and at the same time giving out its carbon dioxide. The placenta in the mare is attached by little tufts or villi to the uterus; while in the cow the attachments are known as cotyledons, and vary in number from sixty to seventy. Retention of the placenta in the mare is very rare indeed as compared with its frequency in the cow. The umbilical cord contains two umbilical arteries and one vein imbedded in a mass of gelatinous material. The urachus passes from the anterior part of the bladder, and terminates in the alantoid cavity. Occasionally a case is met with of a foal two or three days old with the urine dribbling from the umbilical opening, showing that the urachus has remained pervious instead of withering up, as it usually does, forming a ligament for the bladder. The treatment consists of closing the opening by scarifying, suturing, etc.

## GESTATION.

The period of gestation in the mare is usually eleven months, but it may vary to a remarkable extent, in some mares being only ten months, whilst in others thirteen months may elapse from the time of conception up to the time the young animal is born. Male foals are carried two or three days longer than female foals; and, as a rule, an old mare carries her foal longer than a young mare. The period of pregnancy with the cow is also subject to great variation, but on an average is nine months and a half. The sheep and goat carry their young about five months; the sow four months; the bitch two months, or sixty-

three days; and the cat, on an average, eight weeks. The mare and cow come in heat every four or five weeks, and remain in heat from two to four days at a time.

**Abdominal Foetation.**—The foetus is sometimes developed outside of the uterus, through the ovum dropping down into the abdominal cavity in consequence of the fimbriated extremity of the Fallopian tube failing to grasp it. This condition may terminate in death of the parent as the foetus increases in size. It invariably terminates in death of the foetus, which may become dried up and remain in its unnatural position until death of the parent from some other cause.

**Superfoetation.**—A mare having been served by a stallion may occasionally, in the course of four or five weeks, manifest a desire for a second visit from the male; is again served, and conceives both times. This is known as superfoetation. Such a case has been recorded by Mr. G. W. Simpson, of Mackinaw, Michigan; the animal in question, a mare, giving birth to a horse colt and a mule colt, both dead. The mare had been covered by a jack and subsequently by a horse.

### SIGNS OF PREGNANCY.

The practitioner is occasionally called upon to give an opinion as to the pregnancy, or non-pregnancy, of an animal, and consequently should familiarize himself with the various indications which tend to prove the absence, or presence, of this condition. As a rule, when the mare conceives, heat, or the desire for the male, is no longer observable, and, on being led to the horse, she not only refuses to receive his caresses, but assumes the offensive, viciously striking and biting at him until led away. Soon the coat becomes sleeker, and the mare becomes quieter in disposition. This change is usually well

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marked in mares that are of a vicious disposition. The abdomen gradually enlarges as pregnancy advances, the right side being a little larger than the left. This enlargement is especially well marked in the cow. In some cases the beating of the fœtal heart may be heard with the assistance of the stethoscope. Such an examination is, however, very likely to give rise to mistakes. After the eighth month well-marked symptoms of pregnancy are manifested, the belly at this time being considerably distended, the back sinking, etc. Before this time it is, however, impossible to make a positive statement as to the condition of the animal except by making a very close and thorough examination per rectum. The rectum should be cleared out by means of an enema of tepid water; the hand and arm should be well oiled and passed into the rectum. The region of the uterus being reached, an examination may be made of its condition. It is also recommended by some practitioners to make an examination through the vagina. Such a procedure is, however, very objectionable, as, in case the animal is pregnant, the irritation thus set up may cause her to abort. As the time for parturition approaches, the ligaments relax to a greater or less degree, and a well-marked depression or sinking in the lumbo-sacral region may be observed, the udder enlarges, and milk is secreted. The secretion of milk sometimes appears long before the time of parturition, and has occasionally been noticed to take place in animals that have never been bred. As a rule the animal shows slight uneasiness for a day or two before parturition, slight abdominal pain, etc., being manifested. About this time there usually appears a waxlike substance on the teat; the vulva becomes larger, and presents more or less tumefaction. There may also be a flow of mucus observed taking place from the vulva for a day or two before parturition.



### PARTURITION.

As a rule parturition is quickly performed in the mare, ten or twenty minutes generally being all the time occupied. The opposite is the case with the cow. Generally speaking, if the act of parturition be protracted to any extent the foal is born dead; while in the case of a cow the act may occupy a day, or longer, and the calf survive. As a rule parturition is accomplished very easily, the animal rarely requiring any assistance. The act may be performed either in the standing or recumbent positions. The colt comes in the water-bag, and when in the natural position the fore-feet and head come first. In some cases the os uteri is not sufficiently dilated to allow the foetus to pass; the mare strains violently, etc., but without making the slightest headway in the expulsion of the foetus. In such a case the practitioner should make a careful examination of the parts, and if it is found that the os uteri is insufficiently dilated, it must be remedied, in some cases immediately; in other cases, if a little patience be exercised, by waiting awhile, the os may dilate of its own accord. Injections of tepid water directly upon the part will facilitate dilatation. The same object may, in many cases, be effected by smearing the os uteri with belladonna (soft extract). In cases where dilatation cannot be effected on account of disease of the parts, or for some other reason, it becomes necessary to divide the os, preferably at its superior part. The parts will now be felt to give way, and the hand can be introduced into the uterus without any further difficulty. The practitioner, on being called to a parturition case, should, as a preliminary step, make a careful examination of the parts, and inform himself fully of the position of the foetus, the condition of the parts, and of every other point that may be of assistance. He

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should also see that the foetus is in the proper position before bringing any force to bear on its removal. In cases requiring the employment of force to effect delivery, a disregard of this rule is the cause of most of the failures.

### MALPRESENTATIONS.

Malpresentation of the foetus fortunately is rarely met with. A description of all the abnormal presentations that have been observed would be sufficient to fill a large volume, hence a few only of these conditions will be described. A very common presentation is that in which the head of the foetus is presented in a proper manner with the limbs turned backward. The practitioner, on making an examination, is unable to feel anything but its head. In such a case the head should be pressed upon and forced back in such a manner as to allow the practitioner to pass his hand into the uterus and grasp the fetlocks, which may now be drawn into proper position. This done, delivery may, as a rule, be easily accomplished. In some cases it may be necessary to place a small rope around the fetlocks—the rope should be of some soft material, as cotton, etc.

Presentation of the legs with the head turned back constitutes a very difficult presentation, and one that will give the practitioner much trouble, especially when all the farmers, and would-be knowing ones in the neighbourhood, have been hauling and pulling at the foetus in ineffectual attempts to deliver it before the arrival of the practitioner. The first procedure should be to place a small cotton rope around each fore fetlock. This done, the practitioner should make every effort to get hold of the head and bring it into the proper position for delivery. In many cases it will be found necessary to attach a rope to the lower jaw.

Some practitioners use a hook, which may be implanted in many places, the symphysis of the lower jaw usually being selected, when the foetus is alive, and in such cases a blunt hook should be employed. In case the foetus is dead, a sharp hook may be employed. After the hook is placed in position, or the rope is attached to the jaw, as the case may be, the foetus should be pushed back so as to afford the head plenty of room in which to turn. Pushing the foetus back cannot be very well effected by means of the hands alone, but may be easily accomplished by the use of the repeller, or crutch, the latter name being given the instrument in reference to its shape. As an assistant steadily presses upon and forces the foetus back, gentle traction is brought to bear upon the head by means of the hook, or rope, and the head brought into position. Nothing further should now be done until a uterine contraction, or labour-pain, comes on, when the ropes attached to the feet and jaw should be gently and steadily pulled upon and delivery effected. All traction upon the ropes should cease with the labour-pain, and be resumed on the appearance of the next labour-pain. In all cases where the mother appears to be suffering from severe pain, opiates may be administered with benefit.

When the foetus is found to be lying upon its back, with the back of the head presented, every endeavour must be made to turn it into the proper position. In the case of a very small foetus, delivery may in some cases be effected without turning it; but in the case of an ordinary-sized foetus, such an accomplishment would, of course, be impossible. By patience, perseverance, and plenty of hard work, the foetus may be turned over into its proper position. This result, however, is by no means certain, the practitioner, despite his utmost endeavours, in many cases failing to turn the foetus over.

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Occasionally a case is met with in which the hind-feet are presented. Such a case, as a rule, is easily disposed of, rarely giving rise to much difficulty. A rope may be attached to each hind fetlock, and moderate traction exerted simultaneously with each uterine contraction. It is frequently a matter of great difficulty to distinguish between fore-legs and hind-legs while the foetus is in the uterus, but as it is a point of the utmost importance that the practitioner should know, he should never rest until he becomes thoroughly satisfied as to which are presented, and until this information is gained, not the slightest effort should be made to effect delivery.

Breech presentation, or presentation of the hind quarters, is one in which delivery is very frequently rendered impossible, or can be effected only with the greatest difficulty. In the case of a large, strong animal in which ineffectual uterine contractions have been observed for a considerable length of time, the practitioner may rest assured that he will have plenty of hard work before effecting delivery of the young animal, the tail of which may be the only part in sight. The foetus should be pushed forward, and an endeavour made to turn it; this object can, however, very rarely be accomplished, but may be tried until it is seen that all efforts in that direction are useless, in which case a rope should be placed around the stifle or hock joints—preferably the latter—after which the practitioner should insert his hand, push the foetus forward, manipulate it in various ways as judgment directs, and endeavour to get the hind-feet presented, with the legs straightened out in the passage. This done, delivery usually takes place with comparative ease. Sometimes the hocks are found to be tightly wedged in the passage. If the foal is alive—which is frequently a matter of some difficulty to ascertain—the practitioner should proceed in the same manner as directed

above. If the foal is dead, and in this position, it usually becomes necessary to perform embryotomy. In some cases the limbs may be found to be jammed in the passage so tightly as to be immovable, rendering the performance of embryotomy very difficult. The chain saw should be introduced, and passed around the limb, and as much of the latter as possible removed from the body. In many cases the limb cannot be severed higher than the hock. After removal of the whole, or a portion, of the limbs presented has been effected, the abdominal cavity of the foetus should be penetrated, and its contents removed. This may be done with comparative ease, being much easier than separating the foetus at the sacral or lumbar region, as some do. After removal of the hind-limbs and the abdominal viscera, the remaining portions of the foetus may be brought away with ease. Occasionally a breech presentation is met with in which the foetus is found to be lying on its back. An endeavour should be made to turn it over into its proper position; this failing, the hind-feet should be grasped by an assistant, and the foetus pulled upwards. The lifting of the foetus may be greatly facilitated by placing a broad bandage under the belly of the animal, and each end held by a man, who should, when directed, exert pressure in such a manner as to lift the uterus. The practitioner should at the same time guide the foetus over the brim of the pelvis, when, as a rule, delivery takes place without any more trouble.

Sometimes a case is met with in which the head is protruded, and swollen to an enormous size; the feet are turned back, and the young animal is dead. In such a case the practitioner should remove the head, return the body of the foetus to the uterus, and get it into proper position for delivery, or perform embryotomy.

Occasionally there may be one fore-limb and one hind-limb presented. In this presentation, if, as is often the

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case, the practitioner jumps at the conclusion that they are both fore-legs or both hind-legs, and under this impression exerts any force in an effort to deliver the young animal, the most serious results will be likely to occur. In such a case a careful examination of the position of the foetus should be made; and having ascertained its position, the best method of effecting delivery should be considered. If a posterior presentation be decided upon, the fore-limb should be pushed back, and the other hind-limb secured and brought up by the side of its fellow. If the practitioner concludes that it will be easier to make an anterior presentation, the hind-limb should be forced back into the cavity of the uterus, the fore-limb sought for, and, when found, placed in position by the side of its fellow; the head also placed in position, and delivery effected.

Back presentation is one of the most difficult of all mal-presentations to rectify. Every effort should be made to turn the foetus into its proper position.

Twins are occasionally met with, and in exceptional cases one limb of each may be presented, and force used in an endeavour to bring them both out together, under the mistaken idea that both of the limbs presented belong to one foetus. When by a careful examination the true state of affairs is discovered, one foetus should be forced back into the cavity of the uterus as far as may be necessary, and the other one brought forward in the proper position, when delivery will usually take place without further assistance, first of one foetus and then of the other. If assistance be required, it may be rendered in the ordinary way. After a case of parturition, if the practitioner considers that the young animal is smaller than ordinary, it will be advisable to make an examination of the uterus, to ascertain whether it contains another foetus. As a rule, when a foetus dies in the uterus it is expelled. Expulsion does not, however,

always take place. On examination, some time after death of the foetus has occurred, the vagina is found to be more or less irritated, and there may be a fetid, yellowish discharge from the vulva. The decomposed foetus is to be found in the uterus, and must be removed as quickly as possible. Warm water, belladonna, etc., may be used to dilate the os uteri, after which the contents of the uterus must be removed by the hand, an operation of a horribly disgusting character, as in many cases the decomposing foetus pulls to pieces, and must be taken away a handful at a time, and at the same time gives rise to an odour so offensive as to be almost unbearable. After the contents of the uterus have been removed, the cavity should be thoroughly cleansed by injections of warm water containing a proper proportion of carbolic acid. The above, besides being work of an exceedingly disgusting character, is also accompanied by a considerable amount of danger to the practitioner, whose hand and arm come into contact with the foetus and the highly acrid discharge from the parts, both of which are very poisonous, almost certain to cause more or less irritation of the hand and arm, and in many cases give rise to severe cases of blood-poisoning, phlegmonous erysipelas, etc., terminating sometimes in death. Especially is the danger great in cases where the practitioner has any wounds or sores of any kind upon his hands or arms. The danger may be lessened by injecting the vagina and uterus of the animal with carbolized warm water before inserting the hand and arm. These latter should also be copiously smeared with carbolized oil, and on becoming dry should be withdrawn, well washed in warm water containing carbolic acid, treated to another coat of carbolized oil, and so on until the contents of the womb have been wholly removed; when the hand and arm being withdrawn, should at once be washed at least

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The abnormal presentations treated of are those most frequently met with in the mare and cow. Of course the fœtus may be presented in scores of other positions besides those above described. Every abnormal presentation gives rise to more or less difficulty before delivery can be effected. But although he may meet with presentations he has never read or even heard of, the intelligent practitioner will rarely be at a loss in deciding as to the proper method of procedure; and although he may fail to effect delivery in some cases, no blame should be attached to him, as it should be remembered that in certain cases delivery of the living fœtus in the ordinary way is an impossibility. The only way in which it can be removed from the womb is by performance of the Cæsarian operation, which is only performed when it is desired to save the life of the young animal regardless of that of the mother. The latter almost invariably succumbing to the operation.

Monstrosities have been described in varieties almost legion. A monstrosity is a deformed fœtus, and while the presentation may be all right, the character of the deformity may preclude all possibility of delivery ever being accomplished in the ordinary manner. The only method of removing such a fœtus without endangering the life of the mother is by the performance of embryotomy.

'Hydrocephalus' is occasionally met with in the fœtus. The position may be proper, but delivery cannot take place on account of the extraordinary size of the head of the fœtus. The cranial cavity may be punctured, and the fluid allowed to escape, after which, as a rule, the parts collapse and delivery takes place. If, however, the enlargement persists after puncturing, the cranial bones must be broken down with a knife or some other instrument. This



is easily done, as they are very weak, the fingers in many cases being sufficient to break them down.

'Ascites,' or abdominal dropsy of the foetus, is occasionally noticed. As a general rule the foetus is dead, and if delivered alive always remains a weakly and unhealthy animal of no benefit to its owner. The fluid may be evacuated by means of a long trocar passing through the body of the foetus; or the foetus may be pushed back, an embryotomy knife introduced into the uterus, an incision made into the abdominal cavity of the foetus, and the fluid contained therein allowed to escape into the cavity of the uterus; after which the foetus, if properly presented, will be delivered with ease.

Occasionally labour-pains come on and persist for a considerable length of time; but it is observed, instead of being strong and powerful, as they should be, that the contractions are weak, and utterly inadequate to the task of expelling the foetus. In such a case the bladder and rectum should be emptied, and an alcoholic stimulant administered; the uterine contractions assisted by pressure applied over the region of the uterus; and where the presentation is proper, and no anatomical malformation of the foetus or mother exists, injections of tepid water into the vagina, and at intervals doses of ergot of rye, smearing the os uteri with belladonna, etc., will usually bring about delivery.

#### PARALYSIS OF THE ABDOMINAL MUSCLES.

Paralysis of the abdominal muscles, or loss of power of the muscular walls of the abdomen, is occasionally noticed in pregnant animals, and more particularly during parturition. The condition is in all probability, at least in a majority of cases, caused by general debility.

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and pendulous, in some cases reaching nearly to the ground, and when the animal lies down, the foetus in the womb presents an appearance similar to that of a large mass or body in an ordinary wet sack. Very little can be done for this condition, except to bandage and support the abdominal muscles, administer nerve tonics, allow nutritious food, etc. In certain cases it becomes an act of mercy to destroy an animal that has become exhausted by pain and long-continued and ineffectual efforts to expel the foetus. So long, however, as the pulsations do not increase in number, or the temperature become elevated, to such an extent as to indicate severe constitutional disturbance, and there is a hope of delivery being effected, no alarm need be felt; but when it becomes evident from the pulsations increasing to one hundred or one hundred and twenty per minute, the breaking out of cold sweats on various parts of the body, and great swelling of the vulva and vaginal passage, that the vital powers are flagging rapidly, and that the foetus cannot be delivered in the ordinary way, the most merciful treatment is to kill the animal; if the Cæsarian section be made at once, the young animal may be preserved alive.

*Hæmorrhage.*—Immediately after the birth of the young animal there may be considerable hæmorrhage from the umbilical opening. The treatment consists of applying a ligature around the cord, about one inch from the umbilical opening.

## RETENTION OF THE PLACENTA.

As previously stated, retention of the placenta beyond a reasonable length of time is of very rare occurrence in the mare, being of far greater frequency amongst cows. The best evidence of its presence within the uterus, and a symptom that is nearly always present in such cases, is

the umbilical cord hanging down from the vulva. In cases where this symptom is not presented, the presence or absence of the placenta within the uterine cavity may be ascertained by a manual exploration of the uterus. It should never be removed immediately after birth of the young animal, as serious results may follow, and by waiting twenty-four hours it may come away of its own accord. Savin, laurel, aniseed, sodæ carb., potassium, small doses of magnesia sulph., etc., have all been recommended to be administered internally for the removal of the placenta, but their efficacy is, to say the least, doubtful. In cases where decomposition of the placental membrane sets in, its removal must be effected without delay. The hand and arm should be well lubricated with carbolized oil, and then gently passed into the uterus, the cotyledonal attachments found and gently broken down, after which the placenta may be easily removed. Injections of carbolized water into the uterus may be freely given both before and after removal of the membrane. If given before inserting the hand and arm, danger to the practitioner of blood-poisoning will thereby be greatly lessened; and similar injections given after the placenta has been removed, in conjunction with the administration per mouth of sodæ hyposulphite, will often prevent septicæmia, a result almost certain to occur in all cases in which the placenta has been retained for a great length of time.

#### INVERSION OF THE UTERUS.

This is usually a result of difficult parturition, and of violent straining and expulsive efforts on the part of the animal. Inversion of the uterus is most frequently observed to occur amongst cows, and may take place at any time up to twenty-four hours after parturition. The condition is rarely observed in other than debilitated animals.

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*Symptoms.*—In cases where the uterus is only partially inverted, the animal may remain in a standing position; but in cases of complete inversion of the uterus, the animal almost invariably lies down, and remains in that position, while the inverted organ may be seen as a large swollen mass protruding from the vagina. When the animal is lying down, the uterus soon becomes dirty, and in many cases inflamed to a greater or less degree.

*Treatment.*—The patient should be forced to rise. The hind-quarters should be elevated, and the uterus supported by means of a sheet held by two or more assistants. The protruding viscus should now be nicely bathed, and thoroughly cleansed, with tepid water. If swollen or inflamed, slight scarifications will be of considerable benefit. Care should, however, be exercised not to make the incisions too deep. A small quantity of opii tr., added to the water in which the uterus is bathed, is often of great benefit. In case the foetal membranes are attached to the inverted uterus, they should of course be gently removed. After having cleansed the organ, it should be returned to its proper place. This is a matter of considerable difficulty, especially in cases where it is completely inverted. Its return should be effected as gently as possible. After returning the uterus, the practitioner should insert his hand, and smooth it out in its proper position. It is in many cases a very difficult matter to retain it in position until it contracts, and to effect this object the hind-quarters of the patient should be kept elevated for a few days, and perfect quietude enforced. Straining may be prevented or greatly lessened by the judicious administration of opiates. Any pain that may be present may also be controlled in the same manner. Injections of tepid water into the cavity of the uterus will be found of benefit. In some cases it becomes necessary to use a pessary to keep the

uterus in place after returning it. An ordinary wooden potato-masher, covered with chamois skin, answers the purpose very well. A strong, large-sized glass bottle also makes a very good pessary. It should have a suitable piece of wood introduced into its mouth to keep it in position. An indiarubber bag first introduced into the parts and afterwards inflated is one of the best appliances possible to use, as it can be inflated with air until it attains any required size. In case the rubber bag cannot be obtained, an inflated bladder will answer the purpose almost as well. Trusses of various kinds, and more or less complicated, are also used, and some of them are very useful. Sutures and skewers are also sometimes employed to close the lips of the vulva. The desired object can often be effected by a strong person holding the hand in the uterus for half an hour or so, and antagonizing by gentle pressure any straining that may be indulged in by the animal. If the uterus has remained inverted for a sufficient length of time to become gangrenous, a result very likely to occur in cold weather, or in warm weather if the circulation of the organ be interfered with, the practitioner must remove it. It may be removed by means of the knife, and the bloodvessels secured in the ordinary way; or its removal may be effected by means of the ecraseur. In some cases death almost immediately follows the operation, occurring in consequence of nervous collapse. This operation is not at all likely to be successful in the mare, but is performed with greater success on the cow, and is attended with very little danger indeed when performed on the smaller animals. As after-treatment, perfect quietude of the patient should be enforced, nourishing food should be allowed, stimulents administered, etc.

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### PARTURIENT FEVER.

This disorder is more commonly known by the name of milk-fever. Most cases of parturition are characterized by a greater or less febrile disturbance, elevation of temperature, and the various indications of fever, which, occurring about the time of parturition, has received the name of parturient or milk-fever, and may occur in all animals, but is most frequently observed affecting cows.

*Symptoms.*—The animal shows more or less dulness. Fever is present, as is evidenced by the state of the pulse, and may exist in a very mild or a very severe form. The udder becomes hot, and in some cases severely inflamed, and no milk is secreted. The pulsations increase in rapidity; the appetite may or may not be affected, but in nearly all cases there is increased thirst.

*Treatment.*—A saline laxative, or even a purgative, may be administered if the patient be a cow. In the case of a mare, cathartics need not be given. Fomentations of hot water should be freely applied to the udder, and the patient frequently milked. Diuretics will generally be found to exert a beneficial effect, and food of a laxative character should be given.

### PARTURIENT PERITONITIS.

This dangerous condition may be induced by difficult parturition, or very rough usage during parturition. Long drives either before or after parturition, exposure to cold and wet weather, etc., are likely to be followed by an attack.

*Symptoms.*—The disease most commonly occurs subsequent to the act of parturition, the patient first showing slight dulness, followed shortly by more or less uneasiness, which increases as the disease progresses. The pulsations increase

in rapidity, and become wiry in character; the breathing becomes quickened, and shorter than usual; the patient lies down, and is unable to rise; the bowels are constipated; the urine scant in quantity and high in colour; the animal very often groans heavily, and gives other indications of suffering pain of a very severe character. In a majority of cases there is a reddish-brown fluid discharged from the vagina. It is a very fatal disease, and in nearly all cases where extensive inflammation is present, death is the result. A post-mortem examination reveals a greater or less amount of exudation into the peritoneal cavity.

*Treatment.*—The patient should be placed in a comfortable, well-ventilated place, and given a good bed. She should also be kept as quiet as possible. A mild laxative may be administered as soon as the character of the malady is ascertained. A strong purgative should, however, never be given, as it would only serve to aggravate the trouble. Enemas of warm water may be freely employed, and the vagina and uterus may also be injected with warm water. Sedatives and opiates will be found to be of the greatest service; hence opium in some of its forms should be given in small and repeated doses to allay pain and control irritability. As a heart sedative, aconite stands pre-eminent, the tincture being the most preferable form in which to administer it. It should be given in repeated doses of medium size until the pulse indicates that a sufficient quantity has been administered. Cold water to drink should be allowed frequently, but in small quantities at a time. An oleaginous draught as a laxative is preferable to any other. It is essential that the body of the patient be kept warm, an object that may be effected by means of clothing. If recovery takes place, the animal should be fed for awhile on nutritious food, given tonics, etc.

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### PARTURIENT APOPLEXY.

This disease consists of a congested state of the brain and spinal cord. As a rule it attacks the cow when she is in her most vigorous milking condition, usually when she is about six or seven years of age, and is in every case dependent upon the act of parturition. It is asserted that there is not a case on record of the disease occurring in a primipara. The disease may be said to be almost peculiar to the cow, being very rarely observed in any of the other domesticated animals. It usually attacks the cow after the birth of her second or third calf, most frequently the latter. Very deep milkers are the most frequent sufferers. It is one of the most serious and rapidly fatal diseases with which the veterinarian has to deal. High feeding and a plethoric condition of the animal immediately preceding the act of parturition are undoubtedly powerful predisposing causes. Lack of exercise also exerts a certain amount of influence in the production of parturient apoplexy. It invariably follows an easy parturition, and the large amount of blood which after expulsion of the fœtus should go to make milk, instead of doing so, is thrown back upon the system, and causing congestion of the brain and spinal cord, gives rise to the various symptoms of parturient apoplexy. In the State of Kentucky, U.S.A., where the grasses are fine, rich, and succulent, cows frequently suffer from parturient apoplexy while at pasture and receiving no other food. The disease is very rarely, if ever, observed to occur in a debilitated or badly-fed cow; and it is said that it never follows abortion. Sometimes the disease occurs just before parturition, but such cases are extremely rare. It usually follows the act of parturition, and is characterized by the extreme rapidity with which it is developed. When improvement begins in such cases as terminate in recovery,



it proceeds with a rapidity almost equal to that noticed in the development of the disease. The second attack is usually fatal.

*Symptoms.*—Various symptoms may be noticed during the initial stage of the disease. Sometimes the first symptom to attract attention is a decrease in the flow of the milk, but as a rule the symptoms first noticed are dullness, hanging of the head, and a disinclination to move about. As the condition develops, food and water on being offered are refused, and the patient shows a slight uneasiness, resting first upon one set of limbs, then changing to another set. Soon rumination ceases, and the animal becomes oblivious to her surroundings, even ceasing to pay the slightest attention to her calf. On attempting to walk, it may be observed that she moves along with a paddling, unsteady gait; the respirations become hurried, but the pulse is, at first, not much affected; the bases of the horns, and the poll, are found to be warmer than natural, and in a majority of cases the surface temperature undergoes more or less reduction. As the disease progresses the pulse becomes affected, and the other symptoms above described become better marked. The urine, if passed, is very scanty, and is heightened in colour. The bowels become constipated, and the feces, if any are passed, occur in the shape of extremely hard pellets covered with mucus. The patient soon falls heavily to the ground, and may become excited, try to rise, and knock her head about for awhile, but quickly becomes comatose. She turns her head to one side, often allowing the nose to rest upon the ground, and appears to be in a deep sleep. The eyes become amaurotic, the corneae have a wrinkled appearance, and are devoid of sensibility. On pulling the head of the patient round from her side and freeing it from restraint, it is immediately returned to its former position. This is a symptom that may be regarded

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as diagnostic. The patient occasionally changes her position, sometimes being stretched out at full length as though dead. The breathing is often scarcely perceptible, at other times is of a stertorous character. When the symptoms become well marked, the urine and fæces cease to be passed, and an examination of the bladder often shows it to be full to overflowing. As a rule tympanites makes its appearance at some stage of the disease. The disease may make its appearance within an hour or two after parturition, but usually appears about the second or third day, rarely occurring later than the tenth day after parturition. The earlier it appears the likelier it is to be fatal, and a case beginning with great severity may recover, while a case beginning mildly may terminate fatally.

*Treatment.*—If the practitioner is called in before the patient falls, and finds her staggering about and showing the characteristic weakness of the hind-quarters, a copious abstraction of blood from the jugular vein may succeed in arresting the course of the disease. A full dose of cathartic medicine should also be administered as quickly as possible. If the brain symptoms are well marked, and the patient down, phlebotomy should not be practised, as under such circumstances it will most certainly be productive of harm; but in all cases a powerful cathartic should be administered. The urine should be removed from the bladder, and enemata of tepid water frequently given. All milk contained within the udder, and capable of being removed in the ordinary way, should be drawn off, its removal having a tendency to favour a further secretion of milk. The patient should be protected from the sun in summer, from the cold in winter, and from draughts and wet weather at all times. The body should be warmly clothed, and the head should be kept cool by applying pounded ice to it, or directing a stream of water upon the poll. Hand-rubbing the body,

especially over the spinal column, will be of benefit. Counter-irritants may also be used with advantage over the region of the spinal column. A liniment of a strongly stimulating character, or even a vesicant, may be used. The patient should be kept propped up on her sternum, with the head elevated above the rest of the body; and her position should be changed every hour or so. Full doses of potassæ bromidi may be given frequently, and probably has a better effect than any other medicinal agent that can be used in the treatment of this disease. Great care should be exercised in the administration of medicines, as when the animal is in a comatose condition any draught that may be administered will be likely to enter the trachea and cause death. Hence the stomach-pump should be used to give draughts, or the medicine should be given subcutaneously. If tympanites puts in an appearance, the trocar and cannula may be used to relieve the condition, and a suitable draught given to prevent its recurrence. A cow, after having suffered once from parturient apoplexy, becomes more susceptible to the disease than one that has never had an attack.

#### PARTURIENT PARALYSIS.

Paralysis occasionally follows parturition, usually making its appearance within two or three days after the birth of the young animal, and usually cannot be considered as a very serious condition.

*Symptoms.*—The patient on being made to walk is observed to be unsteady in gait, perhaps staggers from side to side, and has what is known as a paddling gait. This symptom is well marked; soon the animal, no longer able to stand, falls, loss of motor power becoming better marked than ever. The patient, when down, is unable to rise, but pain does not seem to be an accompanying symptom, and

will be of benefit. Advantage over the use of a strongly irritating agent, may be used. Rub on her sternum, and over the body; and repeat every hour or so. Full doses should be given frequently, and no other medicinal agent should be used in this disease. Great attention to medicines, and to any draught entering the trachea should be used. No food should be given until the appearance, the improvement of the condition, and the recurrence. A purgent apoplexy, is more than one that has

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the secretion of milk does not seem to be much, if at all, affected.

*Treatment.*—A strong diffusible stimulant should be given as often as may be deemed necessary in the judgment of the practitioner. Hot-water and stimulating liniments should be applied over the course of the spinal column. A very nice mode of counter-irritation is to place a blanket or thin cloth upon the back and pass a hot smoothing-iron over it. In all such cases the prognosis should be favourable, although it may be a couple of weeks before the patient can be got upon her feet. Nux vomica, in the usual-sized doses and at proper intervals, is the most important of all the remedial agents employed in the treatment of this condition. If preferred, subcutaneous injections of strychnia may be given in place of the nux vomica. It may be necessary to remove the urine once or twice daily; and it should be seen that the bowels are kept in proper condition. The nux vomica, or strychnia, should be continued so long as weakness or any sign of paralysis remains, such as knuckling of the fetlocks, staggering, etc. Where the condition persists for an unusual length of time, electricity may be used upon the parts with advantage. Frequent and long-continued hand-rubbing will also be of benefit, and in some cases a good vesicant applied over the course of the spinal column acts with wonderful efficacy. The position of the patient should be frequently changed, in consequence of which she will rest better and not be so likely to have sores. The food and water should be of the best quality procurable.

## MAMMITIS.

Mammitis consists of inflammation of the mammary gland; it is also known by the more common name of 'garget.' Mammitis occurs in two forms: in one form being confined to the superficial structures of the gland—

this is the mildest ; in the other form the interior of the gland is affected. Any one, or more, of the quarters may be affected, and occasionally the whole of the gland may be involved in the inflammatory process.

*Causes.*—There are a great many causes which operate in the production of mammitis. Amongst these may be mentioned exposure to extreme cold, sudden alternations of temperature, such as very hot days followed by cold nights ; injuries of any kind, as kicks, wounds from briars, stings of insects, the udder coming into contact with poisonous plants, etc. Indigestion may also cause it ; and irregular milking is a prolific cause of the condition in city cows. Neglecting to completely empty the udder at each milking has a tendency to cause an attack. Over-stocking will also cause it, especially in those cases where the cow is driven a long distance whilst suffering from an over-distended udder.

*Symptoms.*—Often the first symptom observed is slight lameness of the animal ; and if the inflammation is confined to one quarter, or one half of the gland on one side, the lameness may be observed to be in connection with the hind-limb of the same side. In the case of the two posterior quarters, or the whole, of the gland being inflamed, the animal may exhibit lameness or stiffness in both hind-limbs. Lameness, however, is not always present, but there is always more or less stiffness of gait and a straddling action of the hind-legs, which increases as the inflammation and swelling of the mammary gland increase. The secretion of milk becomes more or less impaired, according to the intensity of the inflammation. The patient usually has a chill, which passes off and is succeeded by heavy breathing ; the muzzle becomes dry and hot, and all the indications of fever are presented. The udder, on being examined, is found to be considerably swollen, hard in the affected portions, and very hot and tender, the patient, as a rule, strongly

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objecting to have it touched. The appetite is more or less impaired, in some cases being almost wholly suspended, but increased thirst is evinced by the patient. The bowels are usually constipated, and the urine is passed in lessened quantities and is heightened in colour. Any milk that may be drawn away at this time contains lumps or clots, and may be mixed with blood, or even pus, and possesses a foetid odour. At this stage of the disease total destruction of the affected portions of the gland may be expected to take place, and even death of the patient sometimes occurs. In cases terminating favourably, a full flow of milk cannot be expected from the gland until the animal has her next calf.

*Treatment.*—The treatment should be prompt and energetic, as the longer the case is neglected, the more difficult it becomes to effect a cure. The treatment embraces the employment of both local and constitutional remedies. A purgative should at once be given, and a suspensory bandage should be used to support the weight of the gland. The application of a suspensory bandage is one of the most important requisites in the treatment of mammitis. The bandage, being placed in position, may have a quantity of bran or spent hops placed in it and around the udder, and the bran or hops should be kept constantly moist by pouring upon them hot water, care being exercised not to scald the patient. If rigors are observed, a good diffusible stimulant should be administered, and the patient kept warmly clothed. As much milk as possible should be drawn off from the inflamed gland, to effect which object the patient may be milked as many as a dozen or more times daily. The lumps or clots may be broken up by gentle manipulation, and forced out of the gland. If the milk will run, a milk syphon may be inserted in each teat, secured in place and allowed to remain as long as benefit

is obtained. In case suppuration takes place, the parts must be opened to allow the pus to escape freely. Belladonna paste is a very useful application to the gland, as it relieves pain, etc. If suppuration occurs, it may be necessary to open the teat only. Suppuration does not completely destroy the function of the part. If the udder becomes indurated, the ungt. iodi. comp. will be found useful. If gangrene occurs, remove the gangrenous portions, give tonics, etc.

**Stricture of the Teat.**—Stricture of the teat is a very common condition, and may result from exposure to cold, etc. Almost any of the causes of mammitis will produce it. It is often seen in the cow after calving, and causes the milk to flow in a small stream, by means of which symptom its presence may be known. A wart situated within the teat will give rise to the same symptom. The stricture is usually situated in the upper portion of the teat.

**Treatment.**—The treatment consists in dividing the stricture—the best instrument for the purpose being the concealed bistoury. Too large an incision should not be made. After division of the stricture, the cow should be milked three or four times a day to prevent the parts adhering. In case they do adhere, they must be again divided in the same way as at first.

**Warts.**—Warts occur both on the outside and the inside of the teats, and are of the same character as when occurring in any other part of the body. If a wart be situated on the outside of the teat, a few applications of calamine ointment will usually be sufficient to effect its removal. If it be situated on the inside of the teat, the concealed bistoury may be used to cut it away. Calculi, or concretions known as milk stones, are also found occasionally in the duct of the teat, and cause more or less



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obstruction to the flow of milk. Their presence in the teat can be readily detected, and they can usually be removed by gentle manipulation, etc.

**Excoriation of the Teats.**—The teats are frequently excoriated, by coming into contact with long damp grass, exposure to cold, etc., and such a condition may lead on to mammitis.

**Treatment.**—The teat should be handled very carefully when milking the animal, and soothing and astringent ointments should be used; and sometimes it may become necessary to remove a teat. Occasionally a large swelling, partly of an inflammatory character, may be observed, situated near the upper part of the udder. The practitioner should be very careful as to the course of treatment, as the enlargement may be due to the presence of hernia—a condition occurring very easily in this region, as here the abdominal walls are very thin. The cow should be cast and secured, after which the parts may be opened very carefully, and explored with a probe, as the enlargement may be due to the presence of an abscess, or an abscess coexisting with hernia. In either case give such treatment as the condition seems to demand.

## CHAPTER XXIX.

### AZOTURIA.

Azoturia belongs to the class of dietetic diseases, and may be defined to be a hyper-nitrogenous condition of the blood and system generally. The disease is characterized by partial or complete loss of motor power in the hind-quarters, and has often been mistaken for a renal affection. Percivall termed it 'albuminuria.' It is also known as 'enzoötic hæmaturia,' 'hysteria,' etc., and by the



Germans has been termed 'comaglobinuria.' The nature of the disease has given rise to a great deal of discussion, and it has never been quite decided what name would be the most suitable for it; but 'azoturia' is pretty generally accepted, and perhaps is the name in most common use.

*Causes.*—The disease is caused by an excess of albumen. For instance, a horse is worked regularly and receives a large supply of good food, when from some cause he is allowed to stand for several days idle in the stable, but still receives the usual quantity of rich and stimulating food, as a result of which the system becomes loaded with albumen; large quantities of urea and hippuric acid are formed, secreted by the liver, and retained within the system in consequence of the kidneys acting in an improper manner, and the nervous system becomes affected by the urea. The animal is now taken out and exercised. The slightest exercise will be sufficient to develop the trouble, more particularly if it be rapid. The albumen, which is present in excessive quantities in the blood, now undergoes rapid oxidation, and exerts a peculiar effect upon certain muscles, causing tonic contraction, more particularly of the large muscles of the loins and quarters. The disease may occur during any season, but in Canada is most common during the winter months, in consequence of, as frequently occurs, a horse being hardly ridden, then kept in the stable for a day or two, and highly fed in the meantime, after which he is taken out, exercised, and the disease developed. As a rule, a rest of forty-eight hours is required to produce the peculiar condition of the system predisposing to an attack, and which, being present, requires only exercise for its development. The disease is by no means uncommon amongst road horses. Prof. Smith says: 'I am inclined to think that albumen may be found in largely excessive quantities in the urine of horses suffering from

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azoturia, and Drs. Barrett and Ellis coincide with me in this view, Prof. Williams entertaining a contrary opinion. I had some urine, drawn from a horse suffering from this disease, analyzed by Prof. Ellis, of the School of Practical Science and Chemistry. The analysis showed the presence of albumen in the urine in largely excessive quantities; still, the point is a disputed one.' Quick or violent exercise is more likely to induce, or rather develop, the condition than slow work. The urea acting upon the nerves causes tonic spasm of certain muscles, and oftenest those of the hind extremities. The disease is frequently associated with bowel disorders, more particularly in cases developed by rapid exercise when the stomach and bowels are overloaded with ingesta.

*Symptoms.*—The symptoms of azoturia are very plain, and should be readily recognised by anyone who has even the slightest acquaintance with the disease. The horse is brought out of the stable after having been well fed and rested for several days. He comes out in high spirits, and apparently full of life. After travelling a short distance he is observed to become somewhat dull and sluggish, perspires freely, and then shows stiffness in the loins, exhibiting an action somewhat similar to that caused by placing the foot upon a stone. The animal during progression drags the limb along, as it were, may stagger slightly, manifests weakness in the region of the loins, and finally stops, being unable to proceed any further on his way; he may retain the standing posture or may fall, or lie, down. When down he is unable to rise, the pulse quickens, and more or less pain is manifested. In the early stage of the disease, if allowed to stop, he will do so, lying down and rolling frequently, as though suffering from colic, until finally on lying down he becomes unable to rise; the muscles of the haunch become firmly contracted, and feel as hard as though composed of

steel. Azoturia occasionally manifests itself in connection with the fore extremities instead of the hind limbs ; in this form it is not so severe as when affecting the hind quarters. When the psoas muscles are involved the animal suffers pain of an excruciating character ; in some cases the symptoms presented might lead one to think the animal had sustained an injury of a mechanical character. The history of the case, and the symptoms brought to light by a closer examination, will, however, reveal the true character of the malady—the pulse is usually, but not always, quickened ; the respirations increase in number, the temperature becomes elevated, and the bowels are found to be loaded.

*Treatment.*—Whatever treatment is employed should be commenced as early as possible. If the pulse is full and bounding, immediate relief may usually be afforded by a copious abstraction of blood. In place of venesection good-sized doses of aconite may be administered with benefit ; if the pulse is weak or faltering, a good diffusible stimulant should be administered, probably the best, in a case of azoturia, being spts. æth. nitrici, which may be given in the ordinary-sized doses. The body should be well clothed, especially over the region of the loins, and every means adopted to induce a copious flow of perspiration. Counter-irritants should be freely used over the region of the affected muscles, and the ordinary camphorated liniment may be productive of benefit if applied with smart friction ; water as hot as the patient can bear it may also be applied to the parts. A newly-flayed sheepskin forms an excellent counter-irritant ; mustard is, however, most commonly used, and is very good applied in the form of a paste or plaster. The intestinal canal should be unloaded as quickly as possible, to effect which object enemas of warm water may be freely employed : a full dose of cathartic medicine should also be

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administered. The urine is usually retained in the bladder, necessitating the use of the catheter for its removal. It is of a dark-brown colour, similar to coffee in appearance, undoubtedly containing urea in excess, and in all probability contains largely excessive quantities of albumen, and is secreted in less than the usual quantities. Potassium chloras, or nitras, should be given after the cathartic has performed its office, or, what is still better than potassium, sodæ carb., which may be administered in the ordinary-sized doses ; hypodermic injections of morphia may also be given. In cases where pain is severe, opium may be given, but its administration, to an animal suffering from azoturia, should be guarded ; and, in certain very rare and exceptional cases, it may be advisable to withhold purgatives. If the approach of the disorder is noticed in time, it may be arrested in its course and total recovery of the animal take place in the course of two or three days. In some cases there may occur, as complications, slight tympanites, spasm of the diaphragm, etc., which render the case more alarming. If the patient is able, and can be induced, to retain the standing posture, great benefit will accrue therefrom, inasmuch as it is in this position only that the acts of defecation and micturition can be performed properly, and without difficulty. In some severe cases the patient may be placed in slings. After recovery the animal should be used carefully for some time, as there will be a tendency to suffer again ; the malady in its acute form sometimes lasts for six weeks. During convalescence good food should be allowed, and tonics—as potassæ iodid., etc.—administered.

## CHAPTER XXX.

## Cardiac Diseases.

## PERICARDITIS.

Pericarditis, or inflammation of the pericardium, occurs in all animals, but is most frequently met with amongst cattle. It may be caused by injury, and in such cases is described as traumatic pericarditis; or it may arise from ordinary causes. Traumatic pericarditis is noticed oftener among cattle than other animals. Pericarditis often occurs as a complication of rheumatism, influenza, pleurisy, and other debilitating diseases, rheumatism being a common cause of the disease in the human family. It may also be associated with chronic disease of any organ in the body. After inflammation of the pericardium, a certain amount of effusion takes place into the pericardial sac, constituting a condition known as hydrops pericardii, or dropsy of the pericardium. There is also a great tendency to the formation of false membranes on the pericardium, and they have been found in some cases half an inch in thickness.

*Symptoms.*—The pulse is hard and irritable, is easily excited by the slightest movement, and is sometimes of an intermittent character. The respirations are irregular, but on the whole are quickened. The symptoms may very easily be mistaken for those of pleurisy; and, as before stated, pleurisy may co-exist with pericarditis. The eyes of the patient appear unnaturally bright; auscultation reveals, usually, an increase in the number of heart-beats, as well as a change in their character; the mouth is hotter than usual; the ears and legs are alternately hot and cold, and all the general indications of pyrexia are present; the bowels and appetite are irregular, and when hydrops

pericardii results, a lingering death is the only termination that can be expected. A post-mortem examination reveals a copious effusion of serum into the pericardial sac, and in many cases false membranes to such an extent that the pericardium can scarcely be seen.

*Treatment.*—Small and repeated doses of aconite appear to have a highly beneficial effect, allaying pain and irritability. Pain may, however, if excessive, be more effectually controlled by the administration of opium in some of its forms. Potassæ bicarb., in doses of ℥ii., may be given every four hours until relief is afforded. The patient should be kept perfectly quiet, and out of the way of any sight or sound likely to cause excitement. Digitalis is recommended by some practitioners to be given in combination with potassæ nitras. Fomentations to the sides, or even a strong vesicant, frequently are attended with beneficial results. Oleaginous draughts may be given as often as may be necessary, to keep the bowels in good condition. In the course of time the case will terminate fatally in spite of all that can be done—treatment only serving to prolong the life of the animal. The internal administration of potassæ iodidi may be tried with a view of causing absorption of the fluid effused, but generally its use is not attended with much benefit. In a case where a horse has been suffering from influenza or any other debilitating disease, and has reached the convalescent stage, it may sometimes be noticed that suddenly his respirations change in character, the breathing becoming quicker than usual, cedematous swellings of the limbs appear, and regurgitation of blood may be observed to be taking place in the jugular veins. With such symptoms the practitioner may know that effusion has taken place into the pericardial sac. In such a case proper hygienic treatment must be given. The judicious use of stimulants will also

be productive of great benefit. The food must be of the best quality procurable, light, highly nutritious, and of a kind readily digestible. Potassæ iodidi, as above mentioned, should also be tried. This treatment failing, recourse must be had to the operation of paracentesis: a small trocar and cannula being introduced at the side of the sternum between the fifth and sixth ribs. This operation has been performed with success, but it is one that, on account of the extreme danger attending its performance, is not to be recommended, and should never be performed except in cases where the only choice is between the death of the animal and paracentesis. After the performance of the operation, the patient should be placed in a very quiet, well-ventilated, and slightly darkened place, and not allowed to move about, to any great extent, for several days. The food, water, and attendance should be of the very best. The patient should not be allowed to see or hear anything likely to cause the slightest excitement. He should also, immediately after the operation, be put upon a course of potassium iodid., to prevent further effusion.

**Endocarditis.**—This condition consists of inflammation of the endocardium, or lining membrane of the heart. It is a very serious affection, and one very hard to distinguish from pericarditis, the symptoms being about the same in both conditions. The other remarks made in regard to pericarditis will apply to this condition also.

### CARDITIS.

Carditis, or inflammation of the heart substance, occurs in connection with pericarditis and endocarditis. In cases where the whole, or a large portion, of the heart substance is inflamed death quickly occurs. If the inflammation be circumscribed in character, recovery may take place; but there is a tendency to the formation of small abscesses.



food must be of the nutritious, and of a kind, as above mentioned, failing, recourse must be had to a small trocar and canula inserted into the sternum between the ribs. This has been performed a great number of times, but without any benefit. The extreme emaciation of the animal is not to be recommended except in cases of extreme debility. Death of the animal may result from the operation, but the animal, if kept in a quiet, well-ventilated, and cool place, and allowed to move about, will recover. The food, water, and exercise should be given. The patient should be kept in a dark room, and is likely to cause the inflammation immediately after the operation of potassium iodid, to

of inflammation of the heart. It is difficult to distinguish between the same in regard to peri-

carditis. In cases of inflammation of the heart substance, the inflammation may take place; but small abscesses.

The treatment is about the same as that laid down for pericarditis, but is not very often successful.

### HYPERTROPHY OF THE HEART.

Simple hypertrophy is a condition in which the walls of the heart become thickened, and the cavities enlarged. This form is common in race-horses and stallions, as well as among those members of the human family who follow athletic sports or do violent work. 'Concentric hypertrophy' is that form of hypertrophy in which the walls of the heart become thickened, and the cavities lessened in size. Anything that tends to obstruct the flow of blood through the heart has a tendency to produce hypertrophy of that organ. It is frequently associated with heaves, and with valvular disease of the heart.

*Symptoms.*—The animal shows general weakness. The pulse may either be strong and hard, or weak and quick, depending upon the form of hypertrophy that may be present. Venous regurgitation may also be noticed taking place in the jugulars. The animal may have frequent fainting fits, etc.

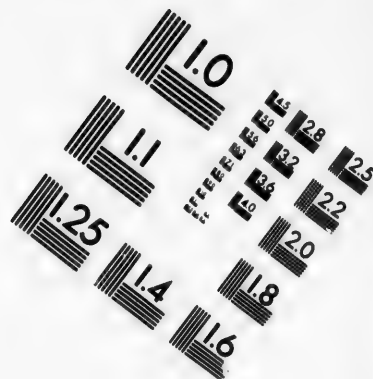
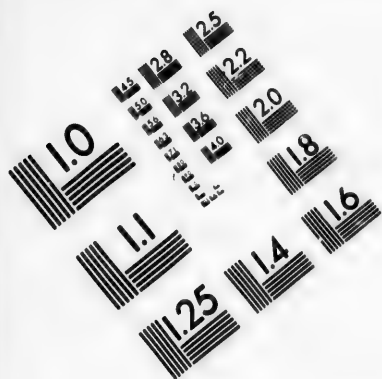
*Treatment.*—No course of treatment has ever been found to be successful, hence none will be advised.

**Heart, Dilatation of.**—Dilatation of the heart is most common amongst pampered and irregularly exercised animals, and more especially when such are highly fed. The symptoms are the general symptoms of heart disease, as an irregular pulse, regurgitation of blood in the jugular vein, and the animal may die very suddenly at some time, but in many cases may live and do light slow work for a long time. He should be well fed on nutritious food, and potassæ chloras should be freely given.

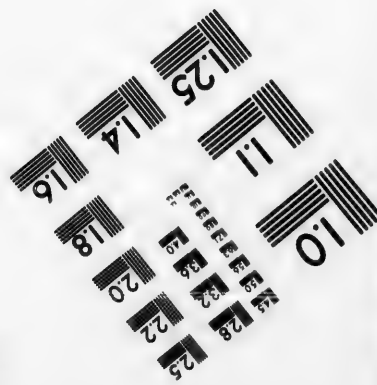
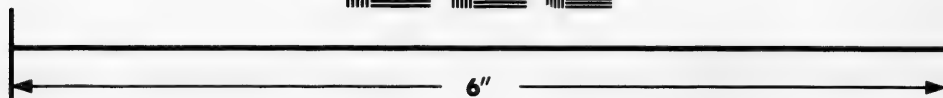
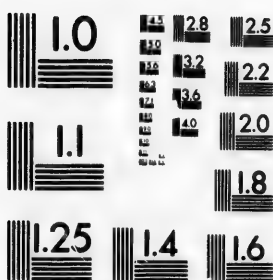
**Rupture of the Heart.**—Rupture of the heart is the common termination of dilatation, and is most likely to







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occur whilst the animal is undergoing some violent exertion, as racing, etc. Death immediately results.

**Heart, Valvular Disease of.**—Valvular disease of the heart may occur as a result of fatty degeneration of the organ, and from warty growths, etc., on the valves. This last cause is one operating most commonly among cattle. Nothing can be done.

**Venous Regurgitation.**—Where venous regurgitation exists auscultation reveals a peculiar cooing sound, and the heart beats over a considerable surface. If the patient be excited the pulse runs up very quickly, and is of an intermittent character. This condition is often noticed in the convalescent stages of influenza. It is symptomatic of heart disease; but if the pulse is full, it may be regarded as a good sign, showing that the heart is regaining its tone.

**Cyanosis.**—Cyanosis, or, as it is often called, 'blue disease,' is due to malformation of the heart—to the foramen ovale remaining open instead of closing as it should at birth. Any abnormal opening existing in the auricular or ventricular septa will give rise to the same symptoms. It causes death, but usually only after a long time.

*Symptoms.*—The symptoms are not so well marked among the lower animals as in man, on account of the difference in the colour of skin. In man there is a peculiar blueness of the lips, face, etc., the lips looking as though stained while eating blue-berries. The same symptoms occur in the lower animals; but, as before stated, are not so well marked. They are better marked in white-haired and white-skinned animals.

**Aneurisms.**—An aneurism is a tumour produced by dilatation of an artery; when all the coats of the artery are dilated and form a pouch, it is known as a 'true aneurism.'

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Rupture of the inner coat, whilst the two outer coats of the artery remain uninjured, constitutes a 'false aneurism.' When the outer coats of the artery rupture, and the inner coat remains intact, the condition is known as 'hernial aneurism.' A consecutive aneurism is where the inner coat gives way first, after which the middle and outer coats give way in the order named. A 'dissecting aneurism' is one in which the separation of two of the coats of the artery takes place; the blood flows between the separated coats and causes further separation, gradually dissecting one coat from the other. Aneurisms are most frequently seen in connection with the mesenteric arteries. An aneurism may exist in connection with the carotid artery for a long time, but sooner or later the affected coats rupture and death results.

*Treatment.*—When the aneurism is in such a situation that it can be got at, it should be cut down upon, the artery ligated, and the aneurism dissected out.

**Heart, Foreign Bodies in.**—Foreign bodies are not unfrequently found in the heart of the ox. The substance is first taken into the reticulum, which by its action forces it through the diaphragm, and it proceeds on its journey until it penetrates the pericardium and becomes lodged in the heart.

*Symptoms.*—The animal shows the general symptoms of heart disease. The symptoms may be mild and the animal recover, and after a few days show the same symptoms again, but perhaps in a more violent form; the digestion is also noticed to be faulty. With such symptoms the practitioner may feel pretty safe in diagnosing the case as one of some foreign substance imbedded in the heart. Various objects, as knives, needles, etc., have been found in the hearts of cattle. Nothing whatever in the way of treatment can be done, with any reasonable hope of relieving

the condition, the only possible termination for such a case being death.

**Embolism.**—A small piece of diseased endocardium may become detached and carried along by the circulation; the blood clots around it until it attains a considerable size and obstructs the circulation. It is most frequently noticed in connection with the femoral artery, and may be the starting-point of an aneurism. When in the femoral artery the symptoms are very peculiar, the lameness is sometimes severe, the patient manifests very great pain, and the limb on being handled is found to be deathly cold. The pain may be so intense as to cause perspiration to break out in patches over the animal's body. He may suddenly recover, and appear all right in a few minutes, but is liable to another attack at any time. An examination per rectum will very much assist the practitioner in arriving at a correct diagnosis. If the arrest of the circulation is complete, most agonizing pain is suffered by the patient, and death very quickly takes place.

*Treatment.*—The treatment consists of applying warmth to the affected limb. Hence fomentations should be freely applied to the limb, the water being as hot as it can be applied without scalding the parts. Hot liniments and stimulating applications of various kinds may also be used, and should be applied with smart friction. If the above treatment fails to give relief, and the limb remains cold, the practitioner may rest assured that the circulation of blood through the part is obstructed. Aconite may be given to reduce the heart's action, and opium to relieve pain. On making a post-mortem examination, extensive suppuration may be revealed in connection with the part.

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# INFLUENZA.

AN ESSAY READ BEFORE THE ONTARIO VETERINARY  
MEDICAL SOCIETY, ON FEBRUARY 22ND, 1884,  
TORONTO, ONTARIO, BY EDWARD COURTENAY, JUN.

For many centuries veterinary and other authors have noted the occurrence at various periods of an epizootic affection, attacking almost every species of animals, birds, and even man himself. This disorder, as noticed by these writers, was marked by certain well-defined general symptoms, which admitted of its being easily distinguished from other diseases, and being assigned a place for itself. The disease has received a multitude of names, some referring to the supposed pathology of the disorder, and some to the symptoms as noticed by the observers. Among the various names applied are the following : 'Distemper,' 'Epidemic Catarrh,' 'Catarrhal Fever,' etc. In France it is named 'Courbature,' 'La Grippe,' etc. In most countries it bears the appellation of 'Influenza,' a name given it by the old Italian writers in the seventeenth century, and which referred to some supposed stellar influence as regarded the production or origin of the disease.

Influenza has a history which extends far back into the days of the ancients. Hippocrates, a Greek physician, who lived about four hundred years before Christ, and who has been styled the 'Father of Medicine,' mentions the disease as attacking the human race ; and it is fair to presume that it also affected the lower animals at that period. It is mentioned as having occurred in Seville in the year 1299, raging with great fatality, and causing the death of more than a thousand horses. In 1648 it attacked the horses of the French army in Germany. Forty years later it prevailed over the whole of Europe, attacking both men and horses ; and in 1699 the continent of America was visited by

the scourge for the first time, since which time its recurrence has been noted at varying periods, and in different degrees of intensity, as well as in different forms.

Gibson, an old English author of repute, in a work published in 1750, describes a disease which he denominates a pestilential disease, or 'Epidemic Distemper,' which frequently prevailed to a great extent in England, entailing great loss, and even ruin in some cases to the farmers. This disease, from the symptoms presented, must have been influenza. It was noticed in London during the autumn months of 1732, and made its appearance in several other parts of the kingdom about the same time. It commenced in some places in the country near London in September, entering the city during the following month, and progressing so swiftly that in a week there was scarcely a stable to be found in the whole city without the infection. Its duration was from two weeks to a month. During the spring of 1734 it again visited England, presenting the same general symptoms as the epizootic of two years before, but, in addition, showing symptoms of derangement of the urinary apparatus and inflammation of the lungs, as complications; and this form was, of course, attended with greater fatality than that of 1732.

The disease is very erratic in its movements, proceeding from north to south, and from east to west, as well as in the opposite directions; but there seems to be a tendency to proceed from the east to the west more than in any other direction.

In the epizootic form it is remarkable for its extensive and rapid diffusion, extending within a brief period over different and widely-separated expanses of territory. In its course it bears a strong resemblance to the march of that terrible scourge of the human race, epidemic cholera. It quickly spreads from one locality to another, and even from



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During its prevalence it attacks vast numbers of horses of all ages and both sexes, entailing incalculable loss to owners of stock, and causing great annoyance and serious detriment to commercial interests in every branch, as it not unfrequently happens that seventy-five per cent. or more of the horses of an infected locality are prostrated, and, as a consequence, business seriously interfered with and in some cases almost wholly suspended. Particularly well was this exemplified during the epizootic of 1872, during which it was almost an impossibility to procure horses for even the lightest description of work; very little hauling was done, and that little was accomplished with the aid of oxen; and while it was no uncommon sight to see an ox doing duty between the shafts of a dray or a couple of oxen drawing a waggon, it was very rarely indeed that a horse was seen working, even on the streets of some of our largest cities.

Some animals appear to be much less susceptible to the morbid influence than others, and some seem to be altogether insusceptible, though such cases are extremely rare, and we have absolutely no means by which we can account for this discrepancy. Generally speaking, all breeds are liable to an attack, but on close observation I think it will be found that the coarse, heavy breeds of horses, as well as suffering more when attacked, are slightly more susceptible to the influence of this disease—as, indeed, they are to most other diseases—than the lighter and more finely bred horses, and young horses are noticed to be more prone to an attack than older horses. Horses of a medium age, from seven to ten years old, enjoy a greater immunity from this affection than the young or very old, and especially so if they are

vigorous, of strong constitution, receive a proper amount of exercise, are properly fed, etc. The reason why this should be so is apparent, as such animals are in perfect health and vigour, are fully developed, and, in a word, are in the prime of life, and consequently offer a much greater resistance to the introduction of the morbid influence into the system than would be offered by a badly-developed, weakly, or aged animal, or an animal in an unthrifty state from any cause whatever. A debilitated, or abnormal, condition of any one or more organs of the animal economy especially invites or predisposes to an attack of influenza; and according to the parts affected we have various symptoms presented.

Influenza is not now attended with as great fatality as it was some years ago, and, in the absence of complications, cannot be considered as a very fatal disease, the fatality being limited chiefly to old and worn-out animals, and those of feeble constitutions. The disease, in its simple form, is generally of a mild character, but it frequently leads to the development of other and more severe affections, and in this way often proves fatal. It has been observed that when influenza prevails other disorders are, as a rule, unusually severe, and the percentage of mortality from all diseases is greater than usual. For instance, it may be readily understood that were influenza to prevail to any great extent in a locality already tainted with any low form of disease, that the death-rate would be enormously increased. A proof of this, I think, is the fact that influenza was considered to be a very fatal disease some years ago, when proper drainage and other sanitary measures were not attended to as they are at the present time; but the above is only one of several reasons why the disease is not now considered to be of as formidable a nature as formerly. Among these reasons may be mentioned the following:

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nowadays very rarely, if ever, assumes the malignant type which characterized it in former years, but has changed its nature, in consequence of the various modes of treatment that have been practised. Third, the profession of to-day better understand the treatment of disease in its various forms than did the practitioners of fifty or a hundred years ago, simply from the fact that we have profited by their experience, and at the same time have been making rapid advancement in the acquisition of knowledge pertaining to disease, and the treatment thereof; for, comparatively unknown as it may be, it is, nevertheless, an undeniable fact, that during the last few years the veterinary profession has made very rapid and upward progress, and so significant is the advancement made, both as regards scientific and national importance, that its parallel can not be shown even in the annals of the sister profession.

Its antiquity—the ever-varying phases in which it has manifested itself—its intractability to treatment, showing a most obstinate persistence in running a certain course—its tendency to complications, etc., all combine to render influenza one of the most remarkable, as well as interesting, diseases with which we have to deal, its peculiarities meriting much greater notice than has been accorded to the disease. Still, this subject has received a great deal of attention from veterinarians and others who have made the diseases of the brute creation a special study, from the earliest ages up to the present day, and while they have succeeded from time to time in making many valuable discoveries as to its nature, and effecting numerous reforms regarding the treatment of the disease, they have as yet been wholly unsuccessful in their endeavours to elucidate and clear away the cloud of mystery involving its origin. Many ingenious theories have been advanced from time to time in the efforts to locate the primary cause of the disease

with a degree of certainty that would place its origin beyond the question of a reasonable doubt, but it is needless to say that these efforts have been in every instance unavailing; for as soon as one authority advanced a theory apparently accounting for its development, he would be answered by an equally eminent authority, who would direct his efforts to controverting and denying *in toto* the conclusions reached, and who would adduce powerful arguments in support of his denial, and then, having accomplished his purpose, would proceed to form a theory of his own to give to the world, which would, in its turn, be obliged to pass through the scathing fire of criticism, and, unable to stand the ordeal, emerge henceforth to be regarded as a fallacy.

The most eminent authorities on both human and veterinary diseases have disagreed and been divided in their opinions on this subject: what a hopeless task, then, would it be for me, with my limited experience, to attempt to lift the veil of obscurity under which the origin of this disease is hidden, when the ablest investigators the world has ever seen, both in the past and present, have failed to do so. We know that influenza, like every other disease, must have an origin, or it would not exist, but beyond this point all is conjecture. I will now proceed to direct your attention to a few of the theories held regarding the primary cause or origin of influenza. It has been attributed to exhalations from the earth, but that this cannot be the cause is evident from the fact that it has frequently manifested itself in the midst of the ocean, where such exhalations would not be likely to reach.

Currents of electricity in the air have by some been supposed to exert some peculiar and occult influence by means of which influenza could be originated. But as no such condition has ever been shown to exist in the air in connection with the disorder, this idea is, to say the least, a

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It has also been supposed to arise from an excess of ozone  
in the air ; and while ozone will cause considerable irrita-  
tion to the Schneiderian and other mucous membranes  
which are more directly exposed to the action of the air,  
still, common-sense teaches us that it could not set up the  
great constitutional disturbance by which influenza is  
characterized.

Some say that it is nothing more than a common cold,  
beginning as colds ordinarily do, and proceeding to that  
high degree of catarrhal inflammation known as influenza.  
That this is not true is shown by the fact that simple catarrh  
can be cut short almost at will, while influenza persists in  
running a definite course, in spite of every mode of treat-  
ment that can be brought to bear, and any attempt to cut  
it short is fraught with great danger to the life of the  
patient. Still others, wishing to be more conservative,  
have included all of the above theories, and taken the  
broader stand that the disorder is primarily caused by  
atmospheric influences. And remarkable atmospheric  
changes and variations of temperature have been recorded  
by various writers, during epidemics of influenza, who  
have thus endeavoured to account for the presence of the  
disease. But while these conditions may, and very likely  
do, bring about a predisposition to the malady, the stand  
taken that they are the actual causes of influenza is not, to  
my mind, a tenable one ; for many outbreaks have occurred  
without anything remarkable being observed, so far as  
temperature and atmospheric changes were concerned.  
Again, most extraordinary changes of weather and tem-  
perature have frequently been observed without a solitary  
case of influenza occurring as a consequence.

Those minute organisms known as animalculæ have come in for their share of consideration, being firmly believed by many to be the cause of this, as of some other diseases. This is a very interesting theory, and one well worthy of consideration, and by it certain of the symptoms can be accounted for which hitherto could not be explained. Some observers consider the disease to be due to microscopic vegetable organisms, or cryptogama. This is the opinion entertained by Mr. Moorhouse, of New York, who, on examination of the discharge from the nostrils, found three distinct species of vegetable organisms, all of them in a vigorous state of development. According to the *Veterinarian*, the observations of Mr. Moorhouse do not accord with those of Prof. James Law, who subjected the particles floating in the air from stables and fields to microscopic examination both before and during the prevalence of the epizootic of 1872, without discovering any important difference in the floating particles from first to last.

This brings us to the much-mooted question of contagion and infection. Most writers use these terms indiscriminately, making no distinction whatever between them; still, I consider them as two different words, each with a meaning different to that of the other. For instance, a contagious disease may be defined as follows: A morbid condition of the animal economy induced by the operation of a specific poison, termed a virus or contagium, which, on being conveyed by actual contact into the system of a healthy animal, induces a condition identical with that of the body from which it originated.

An infectious disease is one which has the power of spreading itself by diffusion of the specific material through the air. I am well aware that many eminent authorities do not believe influenza to be either contagious or infectious, and I cannot help experiencing a feeling of great diffidence

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on expressing views antagonistic to the views held by those learned men. Yet were I to do otherwise, I would not do justice to myself, and consequently I must array myself on the side of those who believe that influenza, under certain circumstances, is contagious as well as infectious, and will now endeavour to give a few reasons for so thinking, or, rather, for disputing, the assertion made by some, that it is a non-contagious disease.

We are told that it has attacked crews of ships in the midst of the ocean, and, therefore, cannot be contagious. But might not the germs of the disease have been lurking in the systems of the men from the time they left the port, only to become developed and produce the disease while on the voyage? This is reasonable, and, I think, does away with one argument in favour of the non-contagious character of influenza.

Mr. Greene, M.R.C.V.S., St. John's, N.B., records the following, which Prof. Williams designates as 'an important fact':

Mr. Greene says: 'I was always under the impression that influenza was both contagious and infectious till the late outbreak; since then I have altered my views with regard to the contagion and infection of that disease. One among several facts which I could mention will bear me out in this question. During the month of July, 1872, a horse had been put to grass on Partridge Island in the Bay of Fundy. This island is distant from this city three miles. No other horse had been near the island from the date of his landing up to the time of the outbreak in St. John's, N.B., and on the 15th or 16th of October, which was only two or three days after the first case was reported in this city, the horse on the island was affected with the most violent form of the epizootic.' (See Williams's 'Medicine,' p. 329.) Now, with all due deference to Professor Williams,

I do not consider the above to be an 'important fact,' neither do I consider the observation of Mr. Greene to be fraught with importance of the slightest magnitude, so far as proving the disease to be non-contagious or non-infectious is concerned. On the contrary, I consider that, if it proves anything, it will be found to be evidence rather in favour of, than against, the contagious and infectious theories; for although no other horse had been near the island from the date of the arrival of the horse in question, still, the infection would be able to reach the island in many ways. Might it not have been conveyed to the island by birds? or by the owner or attendant of the animal, whom it is to be presumed would visit the animal occasionally? or may not the poison have been present in the animal's system even before being taken to the island? Again, horses and cattle are very frequently pastured together. There may have been a number of cattle, sheep, or other animals on this island that were removed there from an infected district. The horse may have acquired the disease from them. Yet even supposing that none of the above causes operated to convey the disease to the horse—supposing that no other animals were pastured there, that no man, bird, or other living thing visited the island during all this time, and that the horse was free from taint of any disease at the time of leaving St. John's—I say, even supposing all the above to be the case, is the fact that the animal contracted the disease under these apparently unfavourable circumstances for its development, sufficient evidence to cause any man, who cares to look beneath the surface, to change his belief for disbelief in the contagion and infection of influenza? I think not; for microscopic particles of the contagious principle or virus might yet find their way to the island through the media of the air, and being taken into the air-passages of the horse, in due course, produce their peculiar effects.



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The *Veterinarian* puts the question, Would not the morbid matter have become diluted to such an extent (after travelling three miles) as to be inert ? To this I would answer, that undoubtedly contagion existing in certain forms—as a gas, for instance—would become dissipated, and rendered inert by the action of the air ; but it has not as yet been decided in what form the contagium exists, and if it is a living organism, as many suppose it to be, it would have to pass through a finite course of existence, however brief that might be, and exposure to the atmosphere, at any ordinary temperature, would not be at all likely to affect its virulence, even in the slightest degree ; and if it is small granular masses of organic matter, as it is now asserted to be, I most certainly cannot see any reason why such particles, being of microscopic proportions, may not be taken up and carried by the air a much greater distance than would be necessary to reach the horse in question, from St. John's, and that, too, without undergoing any destructive process, such as would interfere with its activity. Professor Williams, after alluding to contagion and infection, as embodied in the theory of Beale, says : 'This hypothesis is strongly corroborated by the fact that influenza is sometimes conveyed to a healthy locality by horses affected by or recovering from it.' Williams continues : 'It is, however, negated by its being incapable of propagation by inoculation from one horse to another ; or, by transfusion of blood from a diseased to a healthy horse, by its undoubted spontaneous appearance in localities in which contagion is entirely out of the question, and by its occasional occurrence when influenza prevails in man, dogs, cats, and even birds.'

Now, it must be admitted that the disease has not (at least to my knowledge) been produced by direct inoculation, and most writers deny that it can be so produced, but none of them tell us how they conducted their experi-

ments, and I think very few experiments in this direction have been made; but I presume that the virus has been introduced into the areolar tissue under the skin. This may not be the proper way to inoculate to produce the disease. It is possible that some one or more of the fluids, etc., with which the virus would thus come into contact, may exert a chemical effect upon it, and thus destroy its powers of propagation; or it may be that it is necessary for the virus to come into contact with some of the secretions of the Schneiderian membrane, combining with those secretions chemically or otherwise, before it is enabled to propagate the disease. This problem is, I think, one well worthy of earnest consideration, the more so as it is one that can be easily solved by putting the matter to a practical test on the next appearance of influenza in the epizootic form. Again, even though communicable by means of inoculation into the connective tissue, it might miss fifty times, and yet this would not be proof sufficient to show that it could not be thus communicated. In illustration of this, I will mention the fact that in the Veterinary School at Alfort they repeatedly caused a dog to be bitten by rabid animals (over seventy times, I think), yet the animal bitten escaped the malady. It is also recorded in the case of an ass that was inoculated with the virus of glanders, at various periods extending over a year, and confined with glandered horses during the whole time, that he failed to contract the disease. Yet who among us has the hardihood to assert that glanders and rabies are non-contagious diseases? It is a well-known fact that the virus taken from the fangs of some of the most deadly serpents can be taken into the stomach with impunity, where it is neutralized, while the smallest quantity introduced into the blood will give rise to the most violent symptoms. Now, if there exists in the gastric secretions some principle by which this poison is neutralized, why

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It is beyond dispute that tuberculosis has been produced time and again by inoculation ; yet how often has inoculation in this case been followed by negative results ! and the same may be said of almost every other contagious disease. As to the fact mentioned by Williams, that transfusion of blood from a diseased to a healthy animal failed to produce influenza, I must confess my inability to understand what such an experiment proves, and have no great hesitation in asserting that it proves absolutely nothing. In support of my assertion I will cite the following experiment performed by M. Paul Bert, a well-known French scientist. He caused the entire blood of a dog in a state of furious rabies to be transfused into a healthy animal, and found that the latter, kept under observation for a year, manifested no symptoms of the disease. And as to the spontaneous appearance of influenza in localities where contagion was out of the question, I would merely state that such reasoning appears to me to be the veriest sophistry, for it is well known that glanders in the horse and rabies in the dog sometimes occur spontaneously also, and that in localities where contagion is out of the question, yet no one doubts the existence of a contagious principle in either of these diseases. I think that I have conclusively shown, and that you will agree with me, that the occasional spontaneous occurrence of influenza is not to be taken as a proof that the disease is of a non-contagious character.

William Gibson, after describing the disease as it came under his observation, continues : ' This disease, though no ways mortal, yet was so very catching that when any horse was seized with it, I observed those that stood on each hand of him were generally infected as soon as he began to run at the nose, in the same manner as small-pox communicates

the infection when it is upon the turn, the horses that escaped the distemper being chiefly those that were kept in constant strong exercise, or full-aged old horses, many of which were in nowise affected, although very much exposed to it.'

As will be seen by the above, the theory of contagion is not one sprung into existence within the last few years, but, on the contrary, influenza was a century and a half ago asserted to be contagious by Wm. Gibson, at that time the best authority and most eminent veterinary surgeon in England, and who, a hundred years later, is frequently quoted by Percivall, and referred to by that great writer in terms of warmest praise. He further says: 'I have known single horses seized with the same symptoms at other times when the distemper was neither infectious nor epidemical, and these were always relieved with bleeding and evacuants, especially with diuretics and diluters, giving them plenty of water-gruel or white-water.' Gibson's treatment, with the exception of bleeding, was very similar to the course of treatment pursued at the present time.

White published a volume about the year 1830, in which he says, speaking of influenza: 'This disorder arises from different causes, and is brought on in some cases by the sudden application of cold and moisture when the body has been heated and somewhat exhausted by excessive exercise; it arises also from a peculiar state of the atmosphere, and then of course it is epidemic: it is of little importance in this case to know whether it be infectious or not; for if it depends on a certain state of the atmosphere, that state must prevail to a considerable extent.'

Percivall very briefly alludes to the theory of contagion, saying that he merely mentions it to state his disbelief.

Woodroffe Hill, in his 'Bovine Medicine and Surgery,' states the disease to be highly contagious in cattle.

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Professor Williams does not state positively what his opinion is on the subject of contagion, and seems to be in considerable doubt on this point ; but as it is not included in the list of contagious diseases in his work on veterinary medicine, I think he must consider it to be a non-contagious disease.

Cullen, one of the highest authorities on human medicine, declares that influenza, as affecting man, is undoubtedly a contagious disease.

Professor Smith, Principal of the Ontario Veterinary College, says : 'I am perfectly confident that influenza is (under certain circumstances) a contagious disease, and may be due to germs so small as to be imperceptible to us.'

Professor James Law, who has devoted a great deal of time to the study of influenza, is a firm believer in the theory of contagion.

Now, having, I think, succeeded in satisfactorily proving influenza to be a contagious disease, I will briefly notice a few of the more important views held in relation to the agent or specific material by means of which the disease is propagated.

There are three principal theories in regard to the nature of the contagium or virus itself. It is considered by some to be a ferment void of definite structure, and which, when introduced into the healthy body, is capable of producing changes in the blood and other fluids.

Others believe it to be a parasitic organism, originating outside of the body, but which, on gaining access to the animal economy, is capable of development and increase within it, and probably consists of bacteria.

The third theory is that the virus consists essentially of bioplasmic granules, possessing amœboid movement ; or, perhaps, a peculiar species of vital power, by means of

which they are enabled to migrate and multiply in the various fluids of the animal body, constituting micrococci. It is an indisputable fact that there are local inflammations in every contagious fever; and in every inflammation there is an abnormal increase of bioplasm, which is accounted for both by the influx of great numbers of wandering cells, and by the retrograde metamorphosis of the tissues of the part.

Beale speaks of great numbers of microscopic atoms under the name of 'bioplasts.' He tells us 'the minute contagious bioplast is less than  $\frac{1}{100000}$  of an inch in diameter, and often so very clear and structureless as to be scarcely distinguishable from the fluid in which it is suspended.'

It has been conclusively shown that acute inflammations produced by chemical or physical means give rise to products which are of a contagious nature, and may be successfully inoculated; and Dr. Burdon Sanderson tells us that he has successfully produced fever by the introduction of minutely small quantities of exudation liquids directly into the blood.

Most of the above theories have met with many weighty objections, a few of which I would like to notice, but as you are well aware, the various theories and their several objections would make a large volume; and even though I had the necessary ability to go deeply into the subject, I could not do so in a paper such as mine, which is necessarily restricted as to length.

The bioplastic theory of Beale, however, seems to me to be the one best worthy of support, and after due consideration is the one which, in my humble opinion, is the correct one. It certainly has not met with such strong opposition as the thousand-and-one other theories that have been given to the world. It is founded on actual observation and

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experiments scientifically conducted. Its plausibility is admitted by even its most pronounced opponents, and I certainly can see no reason why granular masses of organic material may not be conveyed either by direct contact, or through the medium of the air, from a diseased animal to another animal, which, though free from any appreciable disease, may at the same time harbour a predisposition, thereby affording a favourable nidus for the reception of the contagium; and the contagium being received, it exerts in due time its peculiar influence.

Reason, and the greatest weight of evidence, are on the side of this hypothesis; however, we must remember that it is only a hypothesis, and not an established fact, and as such we must receive and investigate it with care, before placing implicit confidence in it; and in the meantime we must wait patiently yet awhile until new researches are made and more light thrown upon the subject, as at present it seems that this point will not admit of solution.

In conclusion of this part of my subject, I will say that, in my opinion, before long, everything relating to this disease will be made clear to us: all those points which are now hidden in obscurity will have that darkness cleared away by the magic hand of science, and brought to light, as many other wonderful and previously unsuspected facts have been brought to light within the last few years. At present, however, from the varieties of opinions held, and the multitudinous theories advanced, figuratively speaking, influenza is the rock upon which both professions have split; but more particularly is the veterinary profession divided on this point.

The disease begins with a chill, which is followed by febrile movement, heightened temperature, and thus the presence of fever is clearly indicated. Then coughing,

followed by a discharge from the nose, showing increased action of the mucous membranes; and on account of its peculiarities as to symptoms, complications, etc., we may regard it as a specific disease. Hence we are justified in arriving at the following conclusions: That influenza cannot be considered as a local disorder, but, on the contrary, it is to be regarded as a general disease, the bronchitis, nasal defluxion, cough, etc., being merely the local expressions of a constitutional affection.

It is essentially a fever of a specific character—a peculiar species of fever—presenting well-marked catarrhal and febrile symptoms, and having for its anatomical characteristic inflammation of the great mucous tract, but more especially showing itself in connection with the mucous membranes lining the air-passages and other parts contiguous thereto. It is due to a specific poison which is received into the system, and according to the amount absorbed, the organs involved, or the susceptibility of the animal to the morbid influence, are the symptoms more or less developed and varied in character.

The causes of influenza are predisposing and exciting.

Predisposing are—sudden changes of temperature, as in the spring and autumn, the disease being more prevalent during these months.

Crowding together of large numbers of animals in underground, damp, or badly ventilated stables, where the air is necessarily vitiated to a great extent; noxious emanations from heaps of decomposing animal or vegetable matters; stabling or pasturing in low, swampy situations; poor food, impure water; exposure, age, and excessive work, by causing debility, render the animal more susceptible to the influence. As it were, the soil is thus prepared for the reception of the seed, which, in the shape of the contagious principle, constitutes the 'exciting cause.' The disease also



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gion, and in such cases may be termed sporadic.

Usually the first symptom noticed is dulness; then follow  
rigors, which may or may not be well marked, in many  
cases the chill being so slight as to escape observation. An  
appearance of languor is now observed, and the animal  
sweats on the slightest exertion. The coat is harsh and  
staring, and perhaps a slight cough is present. At this  
period the circulation is not affected, and the temperature  
is normal or nearly so. The appetite now fails rapidly, in  
some cases becoming very much impaired, in other cases  
failing altogether. The mouth is hot and dry, the tem-  
perature becomes increased, the pulse runs up, and an  
occasional cough is heard. Coughing is easily excited by  
pressure on the larynx. The bowels are usually consti-  
pated, the fæces being hard and covered with mucus, and  
frequently have an offensive odour; occasionally diarrhœa is  
present. The urine becomes scanty and of a darker colour  
than usual, and some of its constituents are increased in  
quantity; and there may be some difficulty in voiding it.  
The pulse is quickened, except when the nervous centres  
are affected. Early and excessive debility is a prominent  
symptom. On being made to walk out, the animal reels  
and staggers, and the head hangs down in a listless manner.  
This is symptomatic of nervous derangement. The nerve-  
centres are undoubtedly affected; the depression is very  
great. It matters not how much spirit a horse may have,  
as soon as he becomes affected with influenza his spirit  
leaves him, and he quickly becomes dull and languid,  
extreme dejection now presenting itself in marked con-  
trast to the fiery spirits of a day or two before.

The patient frequently shows symptoms of headache,  
which in all probability he suffers from. Sore-throat is  
almost always present in this disease, and frequently the

breathing becomes affected to a considerable extent. Abdominal breathing is not present. Any undue disturbance of respiration may be detected by closely watching the nostrils, which in this case are perceptibly agitated, plainly indicating difficult respiration. At this stage of the disease there are certain external symptoms manifested as follows: Coldness of the extremities, ears, and muzzle; the legs may be cold, and in an hour hot, or one or more legs may be hot and the others cold.

The mucous membranes are at first reddened and dry; soon there is a discharge from the nostrils, which is generally very profuse, and if of a yellowish colour we may regard it as a favourable sign, and, as a rule, the patient from this time does well; but if the discharge is of a brownish-red colour, we must regard it as a bad symptom, as it shows the bronchial tubes are considerably affected, and in such a case the prognosis should be guarded. In many cases which terminate fatally, the breathing becomes extremely difficult; there is flapping of the nostrils, cold sweats break out behind the ears and shoulders, and perhaps the whole body may be covered with a cold sweat; pulsations 100 to 120 per minute, often fluttering and irregular; extremities cold; and the animal wanders about in an aimless sort of manner, apparently in a half-unconscious state. A discharge of a brownish hue issues from the nostrils, and death quickly ensues.

Sometimes the liver is involved. This may be known by the mucous membranes taking on a yellowish tinge. Abdominal complications are developed in some cases, and are manifested by the usual symptoms. If enteritis sets in, the chances of recovery are poor, the case being very likely to terminate fatally. In some cases there is considerable swelling of the legs, and of the sheath if a gelding. If these oedematous swellings occur in the early stages of the

extent. Abdominal disturbance of the nostrils, and, plainly indicated of the disease is as follows: the legs may be hot

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may be known by a pink tinge. Abdominal cases, and are when the crisis sets in, the very likely to be a considerable gelding. If the early stages of the

disease, say on the second or third day, and the pulse is not affected to any great extent, we may regard it as rather a favourable than an unfavourable symptom, the swelling being a curative process brought about by an effort of nature, and tending to relieve the fever to a great extent in connection with some other organs. On the other hand, if oedema appears during the latter stages of the disease, in connection with a quick or intermittent pulse, it is then a bad sign.

Influenza frequently terminates in pneumonia, pleurisy, and effusion. When the lungs become affected, the pulse becomes quick and weak, the animal persistently stands, the breathing becomes difficult, appetite completely goes, and in most cases the body and extremities become deathly cold. On auscultation, the characteristic sounds of lung trouble are heard, and on percussion a dull sound is given out. A sub-acute inflammation of the lungs is likelier than any other form to follow influenza. In some cases, when the animal becomes very weak, a lying-down posture may be assumed, and, unless the breathing is too greatly interfered with, it is advisable to let the animal remain in this position.

Treatment is generally very satisfactory if taken in time. Influenza is a fever, and, like all fevers, runs a certain course; and we must direct our efforts to enable, or help, nature to throw off the disease, and support the animal while the disease is running its course. On no account must we attempt to cut the fever short, as this can be done only at the expense of the patient's life.

If in a badly ventilated stable or other objectionable place, the animal should be removed at once to a comfortable, dry box-stall, well ventilated, but not exposed to draughts. The importance of plenty of pure air cannot be over-estimated in the treatment of influenza. The animal should be protected from the heat of the sun, if excessive, and in cold

weather the body should be judiciously clothed. Patients are often lost through neglect of this precaution. The legs should be well hand-rubbed and flannel-bandaged. Pure cold water, which the animal should be encouraged to take freely, and good wholesome food of a light character, but nutritious and laxative, should be allowed. If the appetite is very poor, anything may be given that the animal will eat, as a carrot, a bit of nice hay, grass, etc. In certain cases beef-tea, milk, and eggs may be given occasionally.

Medicinal remedies, as a rule, are those that tend to support the system and assist nature to throw off the disease, such as the preparations of sodium and potassium, particularly the latter. Full doses of potassæ nitras may be administered for the first twenty-four or forty-eight hours, then followed with potassæ chloras in doses of  $\mathfrak{z}\text{ii}$ .— $\mathfrak{z}\text{iii}$ . three times a day for four or five days. Medicines may be given in the drinking-water if the animal will take them in that way; if not, they must be given in a draught; but if the throat is involved, great care must be exercised in the administration of draughts, and the slightest cough should be regarded as a signal to allow the head of the animal to descend, even at the risk of wasting the medicine. In over-acidity of the stomach, sodæ bicarb. should be given. The judicious administration of stimulants is highly beneficial, as liq. acet. ammon. in doses of  $\mathfrak{z}\text{ii}$ .— $\mathfrak{z}\text{iii}$  in water; alcohol, ale or beer, whisky, wine, nitrous ether, ammonia carb., etc., are all good. On the whole, alcoholic stimulants are the best of all to use. Where much depression exists, milk and good whisky may be given with great benefit, in the proportion of two parts of the former to one of the latter. Occasionally a case is met with where sedatives are indicated, but such cases are extremely rare.

Purgation and venesection should never be resorted to under any circumstances. If the throat is sore, fomenta-

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tions, as warm water, etc., may be employed. Inhalations of steam and acid. carbol. are useful; the ordinary ammoniacal liniment may be applied freely, or a more cautious use may be made of tr. cantharis, sinapis, etc., and in exceptional cases it may be necessary to use hydrarg. biniod., especially when strangles and influenza co-exist, and an abscess is forming. If the lungs are affected, benefit will result from the application of blankets, wrung out of hot water, to the sides. The use of mustard is also attended with benefit in this case. If the bowels are constipated, enemas should be freely given, or there may be administered ol. lini or ol. olivæ  $\text{ʒvi.} - \text{ʒviii.}$  In certain cases aloes bb.  $\text{ʒii.}$  may be given. In abdominal complications, where colicky pains are manifested, some of the preparations of opium may be administered with beneficial results. During the stages of convalescence the mineral and vegetable tonics should be given, and the animal should receive a good nutritious and laxative diet, and great benefit may be derived from frequent changes of food. Any undue constipation is to be overcome by enemas of warm water, the administration of oleaginous draughts, and laxative food. Diarrhoea, unless excessive, need not cause any alarm, but if excessive may be checked by giving dry food. Gentle exercise daily, good grooming, careful nursing, etc., are indispensable. Every care should be taken to guard against a relapse at this critical period. In some cases the larynx becomes involved to a very great extent, rendering the breathing so difficult as to endanger the life of the animal. In such cases no time is to be lost in performing tracheotomy, if hot fomentations and steaming give no relief.

Frequently, after all other symptoms have disappeared, a troublesome cough remains. The proper treatment in such a case is the application of vesicants to the throat. The ordinary ammoniacal liniment is also often beneficial.

Belladonna ext. et camphoræ, or the cough-ball recommended by Prof. Dick, may be given, and in exceptional cases a seton may be inserted near the region of the larynx, and is said to be highly beneficial. In cases where the occurrence of roaring is feared as a result of influenza, potassæ chlorat. and potassium iodidi are to be freely given in the usual quantities. The first, by preventing degeneration of tissue, effectually combats in most cases the tendency to atrophy of the muscles involved in roaring, and the latter tends to remove any abnormal thickening of the mucous membrane lining the larynx.

The results of influenza, some of which have been mentioned, are: Rheumatism, affections of fibrous structures of various parts of the body, more particularly of the pericardium and endocardium, hydrothorax, ulceration of the larynx, roaring, chronic cough, purpura hæmorrhagica, and it is said sometimes glanders and farcy, each of which present their usual characteristic symptoms, and require the ordinary treatment accorded to them as they usually occur.

Influenza also occurs in cattle, though perhaps not so commonly as in the horse, and, as a rule, is not so productive of serious results as it is in the horse, as cattle, being of a much rougher and stronger nature, possessing different temperaments and stronger constitutions, are better calculated to withstand the inroads of the disease than are the more delicate and finely constituted members of the equine race. It is most prevalent during the spring and autumn months.

*Causes*, predisposing and exciting, are about the same as in the horse.

*Symptoms* are: Dulness, rigors, languor, partial or complete loss of appetite, extreme dejection, drooping of the head, redness of the conjunctiva, and copious flow of tears

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from the eyes, an increase in the number of respirations, difficult breathing, dryness and heat of the muzzle, nasal discharge of a muco-purulent character, sore throat and cough pulsations quick and weak, elevation of temperature, bowels usually constipated, but occasionally there is diarrhœa; as a rule, however, the fœces are dry and coated with mucus, presenting a peculiar glistening appearance, and emit an offensive odour; the urine is high-coloured and scanty, and sometimes fetor of the breath may be detected, œdematous swellings, etc.

*Treatment.*—Depletive measures should not be resorted to, hence bleeding and purging are to be avoided. Constipation should be combated by means of clysters, laxative food, and in aggravated cases with judiciously regulated doses of ol. lini or ol. olivæ; the body should be kept warm by means of clothing, and the patient should be kept in comfortable, well-ventilated quarters. The judicious administration of diffusible stimulants, as the case indicates, is highly beneficial, and a matter of prime importance. Good nursing, pure air, good nutritious food of a laxative character, and an abundance of pure cold water are indispensable. Various medicinal agents are to be administered according to the symptoms presented.

Complications and results manifest themselves by the ordinary symptoms, and are to be treated in the usual way.

In conclusion, I may say that, on account of the ever-varying phases in which influenza presents itself, it is very difficult, or even impossible, to assign to it any particular set of symptoms, and of course equally impossible to map out a definite course of treatment that will suit every case.

NOTE.—At the earnest request of many of my fellow-students, who expressed themselves as desirous of having a

copy of the above essay, I have been induced to insert it in the body of this work, in its complete form, as read before the Veterinary Medical Society in Toronto, Ontario. A portion, comprising about two-thirds of the essay, appeared in the (London) *Veterinary Journal* of April and May, 1884.



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